FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:48

DOCUMENT # N46364 (8)

1. Corporation Name
VOLUSIA-FLAGLER MUSICIANS SOCIETY, INC.

Principal Place of Business	Mailing Address
% JACK MCCULLOUGH 19 CRESCENT COURT SOUTH PALM COAST FL 32137	% JACK MCCULLOUGH 19 CRESCENT COURT SOUTH PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1991
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-3122417 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCULLOUGH, JACK
19 CRESCENT COURT SOUTH
SUITE 315
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☒ Addition
NAME	MILLER, JIM	1.2 NAME	MOLTANE, MICHAEL
STREET ADDRESS	1000 WALKER ST., #315	1.3 STREET ADDRESS	817 SUGAR HOUSE DR.
CITY-ST-ZIP	HOLLY HILL FL	1.4 CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE	D	2.1 TITLE	D ☐ Change ☒ Addition
NAME	MCCULLOUGH, JACK	2.2 NAME	HUMPHREY, RONALD L.
STREET ADDRESS	19 CRESCENT COURT	2.3 STREET ADDRESS	113 WILDWOOD AVE.
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D	3.1 TITLE	D ☐ Change ☒ Addition
NAME	INNATORI, JOSEPH O.	3.2 NAME	FERRELL, JOSEPH M. JR.
STREET ADDRESS	928 N. WILD OLIVE	3.3 STREET ADDRESS	2195 PENNSYLVANIA DR.
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	DELAND, FL. 32724
TITLE		4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	SMITH, R. DAVID
STREET ADDRESS		4.3 STREET ADDRESS	92 S. St. ANDREWS DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	QUICK, SALLIE M.
STREET ADDRESS		5.3 STREET ADDRESS	32 S. St. ANDREWS DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	WELCH, ANTHONY
STREET ADDRESS		6.3 STREET ADDRESS	136 HERITAGE CIRCLE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack McCullough Jack McCullough 2/19/95 904-445-5869
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0023002