

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
12/06/1991

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o RONALD L. HUMPHREY

26 c/o RONALD L. HUMPHREY

4. FEI Number

59-3122417

Applied For

Not Applicable

22 Suite, Apt. #, etc.
113 WILDWOOD

27 Suite, Apt. #, etc.
113 WILDWOOD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State
ORMOND BEACH, FL.

28 City & State
ORMOND BEACH, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip
32176

25 Country
VOLUSIA

29 Zip
32176

30 Country
VOLUSIA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
RONALD L. HUMPHREY

82 Street Address (P.O. Box Number is Not Acceptable)
113 WILDWOOD

83

84 City
ORMOND BEACH

FL

85 Zip Code
32176

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE

Ronald L. Humphrey

RONALD L. HUMPHREY, DIRECTOR 2/13/96

(Signature, typed or printed name of registered agent, and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, JIM	
STREET ADDRESS	1000 WALKER ST., #315	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCULLOUGH, JACK	
STREET ADDRESS	19 CRESCENT COURT	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	INNATORI, JOSEPH O.	
STREET ADDRESS	928 N. WILD OLIVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOLTANE, MICHAEL	
STREET ADDRESS	817 SUGAR HOUSE DR	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUMPHREY, RONALD L.	
STREET ADDRESS	113 WILDWOOD AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRELL, JOSEPH M. JR.	
STREET ADDRESS	2195 PENNSYLVANIA DR.	
CITY-ST-ZIP	DELAND FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	D
23 STREET ADDRESS	SALLIE QUICK
24 CITY-ST-ZIP	32 S. ST. ANDREWS DR. ORMOND BEACH, FL. 32174
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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)(k), 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:

Ronald L. Humphrey
RONALD L. HUMPHREY

(Signature and typed or printed name of signing officer or director)

2/13/96

Date

904-672-11240

Daytime Phone: #

CR2E037 (12/95)