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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46364 (8)

1. Corporation Name

VOLUSIA-FLAGLER MUSICIANS SOCIETY, INC.

Principal Place of Business

Mailing Address

C/O HUMPHREY, RONALD L.
113 WILDWOOD
ORMOND BCH FL 32176
US

C/O HUMPHREY, RONALD L.
113 WILDWOOD
ORMOND BCH FL 32176-5463
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMPHREY, RONALD L.
113 WILDWOOD
ORMOND BCH FL 32176

81 Name **RONALD L. HUMPHREY**
82 Street Address (P.O. Box Number is Not Acceptable)
113 WILDWOOD AVE.
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 617.0503, Florida Statutes.

SIGNATURE

Ronald L. Humphrey
Signature, typed or printed name of registered agent and date if applicable

RONALD L. HUMPHREY

7 MAR 97

(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 type="checkbox"/> DELETE
NAME	QUICK, SALLIE	
STREET ADDRESS	32 S ST, ANDREWS DR	
CITY-ST-ZIP	ORMOND BCH 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	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 *Ronald L. Humphrey* **RONALD L. HUMPHREY** **7 MAR 97** (904)

CR2E037 (9/96)