

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N93000001807

1. Entity Name
ORMOND BEACH PERFORMING ARTS CENTER
FRIENDS, INC.



Principal Place of Business
675 RIVERSIDE DR
ORMOND BEACH, FL 32176

Mailing Address
675 RIVERSIDE DR
ORMOND BEACH, FL 32176

FILED
Jul 08, 2004 08:00 AM
Secretary of State



07042004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
59-3180100

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORAN, RUTH
675 RIVERSIDE DR
ORMOND BEACH, FL 32176

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORAN, RUTH 675 RIVERSIDE DR ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, LOIS ANN 436 S NOVA ROAD LOT # 81 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRONG, DOROTHY 709 OCEAN SHORE BLVD ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLIOTT, CAROL 18 LAKE VISTA WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSSINSKY, LOUIS JR. 924 PENINSULA DR ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, ALAN H 915 OCEAN SHORE BLVD #707 ORMOND BCH, FL 32176

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07/08/04-80014-002 61.25

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ruth Horan for O.B.P.A.C. INC.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/04
Date

386-672-3257
Daytime Phone #