

**2005 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  
May 31, 2005 08:00 AM  
Secretary of State**



02162005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3180100</b>	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**

**DO NOT WRITE  
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 May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

U00000368519  
05/31/05-80004-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05 386-622-3257