

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000001807

1. Entity Name



ORMOND BEACH PERFORMING ARTS CENTER FRIENDS, INC.

Principal Place of Business

Mailing Address

675 RIVERSIDE DR
ORMOND BEACH FL 32176

675 RIVERSIDE DR
ORMOND BEACH FL 32176

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

HORAN, RUTH
675 RIVERSIDE DR
ORMOND BEACH FL 32176

Name

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

City

FL

Zip Code

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

Ruth Horan April 16, 2007

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000718202 ☐ Change ☐ Addition
05/01/07-80011-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

April 16, 2007

386-672-3251