

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**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**



03272008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**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**

**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 re-statuting)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2008**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

U000000875975  
04/11/08-80055-002 61.25

**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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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08 386-672-3251  
Date Daytime Phone #