

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001807

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

675 RIVERSIDE DR
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

675 RIVERSIDE DR
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-3180100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORAN, RUTH
675 RIVERSIDE DR
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HORAN, RUTH
Address: 675 RIVERSIDE DR
City-St-Zip: ORMOND BEACH, FL

Title: VD () Delete
Name: MILLER, LOIS ANN
Address: 436 S NOVA ROAD LOT # 81
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD () Delete
Name: STRONG, DOROTHY
Address: 709 OCEAN SHORE BLVD
City-St-Zip: ORMOND BEACH, FL

Title: TD () Delete
Name: ELLIOTT, CAROL
Address: 18 LAKE VISTA WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: OSSINSKY, LOUIS JR.
Address: 924 PENINSULA DR
City-St-Zip: ORMOND BEACH, FL

Title: D () Delete
Name: BURTON, ALAN H
Address: 915 OCEAN SHORE BLVD #707
City-St-Zip: ORMOND BCH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH HORAN

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date