

**2005 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED

05 MAY -5 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000004351**

Entity Name
ACK HERITAGE FESTIVAL OF NEW SMYRNA BEACH, INC



Principal Place of Business
**OAK ST.
NEW SMYRNA BEACH FL 32168**

Mailing Address
**453 OAK ST.
NEW SMYRNA BEACH FL 32168**



CHECK HERE IF MAKING CHANGES

Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARRELL, MARY S
453 OAK ST.
NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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.

NATURE _____ 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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

| OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '0 | |
|--------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Delete | D HARRELL, MARY S 453 OAK ST. NEW SMYRNA BEACH FL | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000054513150 05/13/05--01052--007 **\$1.25 |
| <input type="checkbox"/> Delete | D HARRELL, JIMMY 453 OAK ST. NEW SMYRNA BEACH FL 32168 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | VD BELL, ORETHA 620 N. BUSS ST. NEW SMYRNA BEACH FL | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | SD O'BANNON, JOANNE 456 BOUCHELLE DR. NEW SMYRNA BEACH FL 32168 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>12/5/12</i> |
| <input checked="" type="checkbox"/> Delete | TD Chrystal Marshall 1012 Wilkins St. New Smyrna Beach, FL 32168 | TITLE TD NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Alphonzo Brown 704 Hamilton New Smyrna Beach, FL 32168 |
| <input type="checkbox"/> Delete | PD LOWE, PINKIE 305 HICKORY NEW SMYRNA BCH FL | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

James A. Howell, Director, 11/25/05 386-428-6725