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FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004748 (7)**

1. Corporation Name

LIVELY ARTS CENTER, INC.

Principal Place of Business

Mailing Address

**901 6TH STREET
DAYTONA BEACH FL**

**901 6TH STREET
DAYTONA BEACH FL 32117-3352**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/12/1996

3a. Date of Last Report

4. FEI Number

59-3434156

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name

David R. Kendall

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

901 Sixth Street

84 City

Daytona Beach FL

85 Zip Code

32117

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

David R. Kendall

(NOTE: Registered Agent Signature Required when Relinquishing)

3-17-97

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

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

DAVIDSON, HERBERT M JR.

STREET ADDRESS

901 6TH STREET

CITY - ST - ZIP

DAYTONA BEACH FL 32117

TITLE

D

☐ DELETE

NAME

KANEY, GEORGIA M

STREET ADDRESS

901 6TH STREET

CITY - ST - ZIP

DAYTONA BEACH FL 32117

TITLE

D

☐ DELETE

NAME

TRUILO, JULIA D

STREET ADDRESS

901 6TH STREET

CITY - ST - ZIP

DAYTONA BEACH FL 32117

TITLE

D

☐ DELETE

NAME

DAVIDSON, MARC L

STREET ADDRESS

901 6TH STREET

CITY - ST - ZIP

DAYTONA BEACH FL 32117

TITLE

D

☐ DELETE

NAME

DAVIDSON, MARC L

STREET ADDRESS

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TITLE

D

☐ DELETE

NAME

DAVIDSON, MARC L

STREET ADDRESS

901 6TH STREET

CITY - ST - ZIP

DAYTONA BEACH FL 32117

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Davidson, Marc L.

☒ Change

☐ Addition

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Georgia M. Kaney

Georgia M. Kaney

Date

3-17-97

(904)-252-1511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 0002145

CR2E037 (9/96)