

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003274

FILED
Apr 03, 2009
Secretary of State

Entity Name: NEW SMYRNA HOLIDAY CHARITY BALL, INC.

Current Principal Place of Business:

BRANNON CENTER
105 S. RIVERSIDE DR
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

BRANNON CENTER
105 S. RIVERSIDE DR
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-3600229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, J. KAYE
2428 S. GLENCOE ROAD
NEW SMYRNA BEACH, FL 32168 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: DP () Delete
Name: WALKER, J. KAYE
Address: 2428 GLENCOE ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD () Delete
Name: MONHOLLON, BOBBIE
Address: 726 NEAL ST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DT () Delete
Name: THOMAS, CAROL
Address: 2130 PIONEER TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: BRADLEY, PATSY
Address: 100 DONLON DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Delete
Name: GARRIQUES, BOB
Address: 4606 VAN KLEECK
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: THOMAS, CAROL
Address: P.O. BOX 278
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: D (X) Change () Addition
Name: GARRIQUES, BOB
Address: 4606 VAN KLEECK
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: CAROL THOMAS

DT

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date