

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

01-29-2003 90165 013 ****61.25

DOCUMENT # N99000003274



1. Entity Name
NEW SMYRNA HOLIDAY CHARITY BALL, INC.

Principal Place of Business
**2428 S. GLENCOE ROAD
NEW SMYRNA BEACH FL 32168**

Mailing Address
**2428 S. GLENCOE ROAD
NEW SMYRNA BEACH FL 32168**



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

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

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **50-3600229**
Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**WIDMANN, J. KAYE
2428 S. GLENCOE ROAD
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

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 _____ (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

10. OFFICERS AND DIRECTORS	
TITLE Dir/Rep/DP	<input type="checkbox"/> Delete
NAME WIDMANN, J. KAYE	President
STREET ADDRESS 2428 GLENCOE ROAD	Director
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168	
TITLE DS	<input type="checkbox"/> Delete
NAME MONHOLLON, BOBBIE	Sect./DIR
STREET ADDRESS 726 NEAL ST	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168	
TITLE Director	<input type="checkbox"/> Delete
NAME MCDONALD, MARGARET	
STREET ADDRESS 71 LAKE FAIRGREEN CIRCLE	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168	
TITLE DT	<input checked="" type="checkbox"/> Delete
NAME JOHNSTON, BETTIE	
STREET ADDRESS #2 SWAN DR.	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME DOYLE, TRISH	
STREET ADDRESS 105 CRAWFORD ST	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168	
TITLE D	<input type="checkbox"/> Delete
NAME GARRIGUES, BOB	
STREET ADDRESS 4608 VAN KLEECK	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAROL THOMAS	Treas
STREET ADDRESS 2130 Pioneer Trail	Treas
CITY-ST-ZIP NEW SMYRNA BEACH 32168	
TITLE U.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Patsy BRADLEY	Director
STREET ADDRESS 100 DONLON DR	Director
CITY-ST-ZIP NEW SMYRNA Fla. 32168	U. Pres
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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.

SIGNATURE: **J. Kaye Widmann**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037630/02