

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

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

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

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