2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90474 034 ****61.25

DOCUMENT # N99000003598

1. Entity Name
DELTONA ARTS & HISTORICAL CENTER, INC.

Principal Place of Business	Mailing Address
682 DELTONA BOULEVARD DELTONA, FL 32725 US	682 DELTONA BOULEVARD DELTONA, FL 32725 US

01262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		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	7. Name and Address of New Registered Agent
MASIARCZYK, JOHN 2025 ADELIA BOULEVARD DELTONA, FL 32725	Name Lloyd MARCUS Street Address (P.O. Box Number is Not Acceptable) 1408 Birwood Street City Deltona FL Zip Code 32725

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 Lloyd Marcus LLOYD MARCUS 3-31-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	FPP	☒ Delete	TITLE	PRESIDENT P/D	☐ Change ☒ Addition
NAME	MASIARCZYK, JOHN		NAME	LLOYD MARCUS	
STREET ADDRESS	2025 ADELIA BOULEVARD		STREET ADDRESS	709 Jena Dr.	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	Deltona FL 32725	
TITLE	P	☒ Delete	TITLE	Secretary S/D	☐ Change ☒ Addition
NAME	MASIARCZYK, BARBARA		NAME	Mary Parker Marcus	
STREET ADDRESS	2025 ADELIA BLVD		STREET ADDRESS	709 Jena Dr.	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	Deltona FL 32725	
TITLE	S	☒ Delete	TITLE	V V/D	☒ Change ☐ Addition
NAME	TAYLOR, JENNIFER		NAME	BARBARA WILLEY	
STREET ADDRESS	1302 STAR COURT		STREET ADDRESS	1407 Section LINE TRAIL	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	Deltona FL 32725	
TITLE	D	☒ Delete	TITLE	T T/D	☐ Change ☒ Addition
NAME	TOMARAZZO, JOE		NAME	VIRGINIA DAY	
STREET ADDRESS	2073 E GLORIA DR		STREET ADDRESS	419 CLOVERLEAF Blvd	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	Deltona FL 32725	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	WILLEY, BARBARA		NAME	A.L. SNOOK	
STREET ADDRESS	1407 SECTION LINE TRAIL		STREET ADDRESS	756 Elkam Blvd, ste.c.	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	Deltona FL 32725	
TITLE	D	☒ Delete	TITLE	D.	☐ Change ☒ Addition
NAME	BAYTOP, ADRIANNE		NAME	Beth Ann West Bryant	
STREET ADDRESS	1386 CATALINA BLVD		STREET ADDRESS	763 W. Gaucho Drive	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	Deltona FL 32725	

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: Lloyd Marcus LLOYD MARCUS 3-31-04 386-575-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #