

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90002 037 ****61.25

DOCUMENT # N99000003598					
1. Entity Name DELTONA ARTS & HISTORICAL CENTER, INC.					
Principal Place of Business 682 DELTONA BOULEVARD DELTONA, FL 32725 US			Mailing Address 682 DELTONA BOULEVARD DELTONA, FL 32725 US		
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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For NOT APPLICABLE	
6. Name and Address of Current Registered Agent MARCUS, LLOYD 1588 CLEARFIELD ST DELTONA, FL 32725				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD	NAME MARCUS, LLOYD	<input type="checkbox"/> Delete	TITLE VD	NAME DAVID MCKNIGHT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1588 CLEARFIELD ST	CITY-ST-ZIP DELTONA, FL 32725		STREET ADDRESS 2910 NEWMARK DRIVE	CITY-ST-ZIP DELTONA FL 32725	
TITLE SD	NAME BRYANT, BETTY A	<input type="checkbox"/> Delete	TITLE D	NAME BARBARA WILLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 783 W GAUCHO DR	CITY-ST-ZIP DELTONA, FL 32725		STREET ADDRESS 1407 SECTION LINE TRL.	CITY-ST-ZIP DELTONA FL 32725	
TITLE VD	NAME WILLEY, BARBARA	<input checked="" type="checkbox"/> Delete	TITLE D	NAME CAROLYN MARTIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1407 SECTION LINE TRL.	CITY-ST-ZIP DELTONA, FL 32725		STREET ADDRESS 835 GATOR LANE	CITY-ST-ZIP DELTONA FL 32725	
TITLE TD	NAME DAY, VIRGINIA	<input type="checkbox"/> Delete	TITLE D	NAME GENE GIZZI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 419 CLOVERLEAF BLVD.	CITY-ST-ZIP DELTONA, FL 32725		STREET ADDRESS 751 BRECHNER TER.	CITY-ST-ZIP DELTONA FL 32728	
TITLE D	NAME HUBER, MICHAEL D	<input type="checkbox"/> Delete	TITLE D	NAME FRANK STARCHAK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2030 KEYES LN	CITY-ST-ZIP DELTONA, FL 32738		STREET ADDRESS 1408 BIRWOOD ST.	CITY-ST-ZIP DELTONA FL 32725	
TITLE D	NAME VAZQUEZ, MARITZA	<input checked="" type="checkbox"/> Delete	TITLE D	NAME LAURA SPANGLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 752 WATERFALL CIRCLE	CITY-ST-ZIP DELTONA, FL 32725		STREET ADDRESS 410 DEANNA CIR	CITY-ST-ZIP DELAND FL 32725	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or without other like empowered.					
SIGNATURE: <i>Lloyd Marcus</i> LLOYD MARCUS 8-15-06 386-860-5090					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					