

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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**



04232008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**MARCUS, LLOYD
1588 CLEARFIELD ST
DELTONA, FL 32725**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARCUS, LLOYD
STREET ADDRESS	1588 CLEARFIELD ST
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	D
NAME	WILLEY, BARBARA
STREET ADDRESS	1407 SECTION LINE TR
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	D
NAME	MARTIN, CAROLYN
STREET ADDRESS	835 GATOR LN
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	TD
NAME	DAY, VIRGINIA
STREET ADDRESS	419 CLOVERLEAF BLVD.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	D
NAME	HUBER, MICHAEL D
STREET ADDRESS	2030 KEYES LN
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	D
NAME	SPANGLER, LAURA
STREET ADDRESS	410 DEANNA CIR
CITY-ST-ZIP	DELTONA, FL 32725

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-24-08

Daytime Phone #

386-575-2601