2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N99000003598

Entity Name: DELTONA ARTS & HISTORICAL CENTER, INC.

Current Principal Place of Business:

682 DELTONA BOULEVARD
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

682 DELTONA BOULEVARD
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 59-3574875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARCUS, LLOYD
1588 CLEARFIELD ST
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARCUS, LLOYD
Address: 1588 CLEARFIELD ST
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete
Name: WILLEY, BARBARA
Address: 1407 SECTION LINE TR
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete
Name: MARTIN, CAROLYN
Address: 835 GATOR LN
City-St-Zip: DELTONA, FL 32725

Title: TD ( ) Delete
Name: DAY, VIRGINIA
Address: 419 CLOVERLEAF BLVD.
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete
Name: HUBER, MICHAEL D
Address: 2030 KEYES LN
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete
Name: SPANGLER, LAURA
Address: 410 DEANNA CIR
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: STEINIS, KATHY
Address: 2040 WIGGLEY FARMS RD.
City-St-Zip: DELTONA, FL 32725

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BRACY, INEZ
Address: 2607 S. WOODLAND BLVD
City-St-Zip: DELTONA, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LLOYD MARCUS PD 04/28/2009

Electronic Signature of Signing Officer or Director — Date