

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91007 020 ****61.25

DOCUMENT # N99000004896

1. Entity Name

DELAND FALL FESTIVAL OF THE ARTS, INC.



Principal Place of Business

100 N WOODLAND BLVD, SUITE 4
DELAND, FL 32721

Mailing Address

PO BOX 3194
DELAND, FL 32721

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04152004

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3635388

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORNETT, TAVER
100 N WOODLAND BLVD, SUITE 4
DELAND, FL 32721

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

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

TITLE SD ☒ Delete
NAME FINCHER, DENISE
STREET ADDRESS 100 N WOODLAND BLVD
CITY-ST-ZIP DELAND, FL 32720

TITLE CEO ☐ Delete
NAME FINCHER, MICHAEL
STREET ADDRESS 100 N WOODLAND BLVD, SUITE 4
CITY-ST-ZIP DELAND, FL 32720

TITLE TD ☐ Delete
NAME CORNETT, TAVER
STREET ADDRESS 100 N WOODLAND BLVD, SUITE 4
CITY-ST-ZIP DELAND, FL 32721

TITLE DP ☒ Delete
NAME DANSBERGER, DOROTHY
STREET ADDRESS 100 N WOODLAND BLVD, SUITE 4
CITY-ST-ZIP DELAND, FL 32721

TITLE D ☐ Delete
NAME GREEN, PATRICIA
STREET ADDRESS 100 N WOODLAND BLVD, SUITE 4
CITY-ST-ZIP DELAND, FL 32721

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DOROTHY DANS BERGER ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MARY BETH HARRIS ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/04 386/738 0649