

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004896

FILED
Mar 04, 2005
Secretary of State

Entity Name: DELAND FALL FESTIVAL OF THE ARTS, INC.

Current Principal Place of Business:

100 N WOODLAND BLVD, SUITE 4
DELAND, FL 32721

New Principal Place of Business:

Current Mailing Address:

PO BOX 3194
DELAND, FL 32721

New Mailing Address:

FEI Number: 59-3635388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, TAVER
100 N WOODLAND BLVD, SUITE 4
DELAND, FL 32721 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: SD () Delete
Name: DANSBERGER, DOROTHY
Address: 100 N WOODLAND BLVD
City-St-Zip: DELAND, FL 32720

Title: CEO () Delete
Name: FINCHER, MICHAEL
Address: 100 N WOODLAND BLVD, SUITE 4
City-St-Zip: DELAND, FL 32720

Title: TD () Delete
Name: CORNETT, TAVER
Address: 100 N WOODLAND BLVD, SUITE 4
City-St-Zip: DELAND, FL 32721

Title: DP () Delete
Name: HARRIS, MARY BETH
Address: 100 N WOODLAND BLVD, SUITE 4
City-St-Zip: DELAND, FL 32721

Title: D () Delete
Name: GREEN, PATRICIA
Address: 100 N WOODLAND BLVD, SUITE 4
City-St-Zip: DELAND, FL 32721

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: FINCHER, MICHAEL
Address: 100 N WOODLAND BLVD, SUITE 4
City-St-Zip: DELAND, FL 32720

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

Title: CEO (X) Change () Addition
Name: HARRIS, MARY BETH
Address: 100 N WOODLAND BLVD, SUITE 4
City-St-Zip: DELAND, FL 32721

Title: DVP (X) Change () Addition
Name: STRICKLAND, BRAD
Address: 100 N WOODLAND BLVD, SUITE 4
City-St-Zip: DELAND, FL 32721

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TAVER CORNETT

TREA

03/04/2005

Electronic Signature of Signing Officer or Director

Date