

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765245

**FILED**  
**Jan 21, 2015**  
**Secretary of State**  
**CC6846924195**

**Entity Name:** ARTS COUNCIL OF VOLUSIA COUNTY, INC.

**Current Principal Place of Business:**

900 SMOKERISE BLVD  
PORT ORANGE, FL 32127

**Current Mailing Address:**

P.O. BOX 290850  
PORT ORANGE, FL 32129 US

**FEI Number:** 59-2245895

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MASON, HENRY T  
900 SMOKERISE BLVD.  
PORT ORANGE, FL 32127 US

*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

**Officer/Director Detail :**

Title SD  
Name PRESTON, SUZI  
Address 465 SPRING FOREST DR  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title TD  
Name MASON, HENRY T  
Address 900 SMOKERISE BLVD.  
City-State-Zip: PORT ORANGE FL 32127

Title VPD  
Name MUSGRAVE, MONT  
Address P O BOX 290850  
City-State-Zip: PORT ORANGE FL 32129

Title PD  
Name LEONARD, RACHAEL  
Address 3542 GRANDE TUSCANY WAR  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*I hereby 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 all other like empowered.*

**SIGNATURE: HENRY T MASON**

**TREASURER**

**01/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date