**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:05

DOCUMENT # N40569 (8)

1. Corporation Name
THE FOUNDATION FOR THE PERFORMING ARTS HALL, INC

| Principal Place of Business | Mailing Address |
|---|---|
| EDISON COMMUNITY COLLEGE<br>8099 COLLEGE PKWY<br>FORT MYERS FL 33906 | P.O. BOX 60210<br>EDISON COMMUNITY COLLEGE<br>FT MYERS FL 33906<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1990
3a. Date of Last Report: 02/17/1994
4. FEI Number: 65-0273360 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

TIFFANY, MARY ELLEN
EDISON COMMUNITY COLLEGE
8099 COLLEGE PARKWAY, S.W.
FORT MYERS FL 33906

10. Name and Address of New Registered Agent

81 Name: Ann H. Hamilton
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ann H. Hamilton 2/9/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MANN, MARY LEE MRS | 1.2 NAME | | |
| STREET ADDRESS | 1415 SANDRA DR | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS FL 33901 | 1.4 CITY-ST-ZIP | | |
| TITLE | T | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SOLOMON, GENE R | 2.2 NAME | | |
| STREET ADDRESS | 1342 COLONIAL BLVD SUITE 11 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS FL | 2.4 CITY-ST-ZIP | | |
| TITLE | VD | 3.1 TITLE | VD | ☑ Change ☐ Addition |
| NAME | JAMES, JOHN B | 3.2 NAME | Hartman, Norman A., Jr. | |
| STREET ADDRESS | 13099 US 41 SE SUITE 410 | 3.3 STREET ADDRESS | 2133 Winkler Ave. | |
| CITY-ST-ZIP | FT MYERS FL 33907 | 3.4 CITY-ST-ZIP | Ft. Myers, FL 33901 | |
| TITLE | D | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WALKER, KENNETH | 4.2 NAME | | |
| STREET ADDRESS | 1910 VIRGINIA AVE #503B | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. MYERS FL | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | UHLER, TOM | 5.2 NAME | | |
| STREET ADDRESS | 1510 ROYAL PALM SQ BLVD. | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. MYERS FL | 5.4 CITY-ST-ZIP | | |
| TITLE | S | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SIDELL, PETER MRS | 6.2 NAME | | |
| STREET ADDRESS | 6918 OLD WHISKEY CREEK DR | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS FL | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Lee Mann 2-20-95 (813) 489-9330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060370