

FILE NOW: FILING FEE IS \$61.25

FILED

**May 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005396 (3)
 1. Corporation Name
**FIRST COAST CHILDREN'S PERFORMING ARTS FOUNDATIO
 N, INC.**



Principal Place of Business 1521 SUMMER SANDS DR NEPTUNE BEACH FL 32266	Mailing Address 1521 SUMMER SANDS DR NEPTUNE BEACH FL 32266
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3. Date Incorporated or Qualified
09/19/1997

4. FEI Number 59-3469581	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**MESHAW, RITA GAIL
 1521 SUMMER SANDS DR
 NEPTUNE BEACH FL 32266**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DIRECTOR	<input type="checkbox"/> DELETE
NAME SUSAN A. Hess	
STREET ADDRESS 6210 ST. ANDREWS CT.	
CITY-ST-ZIP PONTE VEDRA BCH, FL 32082	
TITLE DIRECTOR	<input type="checkbox"/> DELETE
NAME BETSY THOMPSON	
STREET ADDRESS 129 S 36th AVE	
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	
TITLE Suzie Bissell, Director	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS 113 Solano CAY CR.	
CITY-ST-ZIP Ponte Vedra Bch, FL 32082	
TITLE Rita Gail Meshaw, Director	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS 1521 SUMMER SANDS DR.	
CITY-ST-ZIP Neptune Beach, FL 32266	
TITLE Director	<input type="checkbox"/> DELETE
NAME Leisha Hubbard	
STREET ADDRESS 105 TRUDEE DEE LANE	
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *(Suzie Bissell) - Rita Gail Meshaw* 42798 9042048574

CR2E037 (10/97)