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May 09 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 746085 (0)

1. Corporation Name

FLORIDA GULF COAST ART CENTER, INC.



Principal Place of Business

Mailing Address

222 PONCE DE LEON BOULEVARD
BELLEAIR FL 34616

222 PONCE DE LEON BOULEVARD
BELLEAIR FL 34616-1609

3. Date Incorporated or Qualified
02/27/1979

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-0624400

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIANI, TIMOTHY K.
1550 S. HIGHLAND AVE.
CLEARWATER FL 34616

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

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 SD ☒ DELETE
NAME MARIE GAGE
STREET ADDRESS 2249 JAFFA PLACE
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE SD ☐ Change ☒ Addition
1.2 NAME STEPHANIE T. MARQUARDT
1.3 STREET ADDRESS 1715 MEREDITH LANE
1.4 CITY-ST-ZIP BELLEAIR, FL 34616

TITLE TD ☒ DELETE
NAME WILLIAM B. DISBROW
STREET ADDRESS 640 PONCE DE LEON BLVD
CITY-ST-ZIP BELLEAIR FL

2.1 TITLE TD ☐ Change ☒ Addition
2.2 NAME BRUCE H. MURPHY
2.3 STREET ADDRESS 1961 HILLCREEK CIRCLE S.
2.4 CITY-ST-ZIP CLEARWATER, FL 34619

TITLE PD ☒ DELETE
NAME WILLSEY, GREG A.
STREET ADDRESS 1108 PALMVIEW AVENUE
CITY-ST-ZIP BELLEAIR FL

3.1 TITLE PD ☐ Change ☒ Addition
3.2 NAME J. PATRICK DUFFY
3.3 STREET ADDRESS 2441 WEYMOUTH DRIVE
3.4 CITY-ST-ZIP CLEARWATER, FL 34619

TITLE MD ☐ DELETE
NAME KEN ROLLINS
STREET ADDRESS 104 INDIAN ROCKS RD S
CITY-ST-ZIP BELLEAIR BLUFFS FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)