

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746085 (0)**  
 1. Corporation Name  
**FLORIDA GULF COAST ART CENTER, INC.**

Principal Place of Business <b>222 PONCE DE LEON BOULEVARD BELLEAIR FL 33756</b>	Mailing Address <b>222 PONCE DE LEON BOULEVARD BELLEAIR FL 33756</b>
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3. Date Incorporated or Qualified <b>02/27/1979</b>	
4. FEI Number <b>59-0624400</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> <b>33756-1609</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> <b>33756-1609</b>
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9. Name and Address of Current Registered Agent <b>MARIANI, TIMOTHY K. 1550 S. HIGHLAND AVE. CLEARWATER FL 34616</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>DAVID G. MULOCK</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>ONE PROGRESS PLAZA; SUITE 2300</b> <b>83</b> <b>200 CENTRAL AVENUE</b> <b>84</b> City <b>ST. PETERSBURG</b> <b>85</b> Zip Code <b>FL 33701</b>
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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 *David G. Mulock* **DAVID G. MULOCK** **03/28/98**  
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	<b>SD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>TRUSTEE/PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARQUARDT, STEPHANIE T</b>	1.2 NAME	<b>JAMES S. WATROUS</b>
STREET ADDRESS	<b>1715 MEREDITH LN</b>	1.3 STREET ADDRESS	<b>501 PALMETTO ROAD</b>
CITY-ST-ZIP	<b>BELLEAIR FL</b>	1.4 CITY-ST-ZIP	<b>BELLEAIR, FL 33756</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>TRUSTEE/SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MURPHY, BRUCE H</b>	2.2 NAME	<b>MARILYN M. LOKEY</b>
STREET ADDRESS	<b>1961 HILLCREEK CIRCLE S</b>	2.3 STREET ADDRESS	<b>520 PONCE DE LEON BLVD</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	<b>BELLEAIR, FL 33756</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>TRUSTEE/TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUFFY, J P</b>	3.2 NAME	<b>ANDREW J. CRASKE</b>
STREET ADDRESS	<b>2441 WEYMOUTH DR</b>	3.3 STREET ADDRESS	<b>107 GULF VIEW DRIVE</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL 33770</b>
TITLE	<b>MD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>EXECUTIVE DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEN ROLLINS</b>	4.2 NAME	<b>KEN ROLLINS</b>
STREET ADDRESS	<b>104 INDIAN ROCKS RD S</b>	4.3 STREET ADDRESS	<b>222 PONCE DE LEON BLVD.</b>
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>	4.4 CITY-ST-ZIP	<b>BELLEAIR, FL 33756</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Ken Rollins* **KEN ROLLINS, EXEC. DIRECTOR** **03/23/98** (813) 584-8634

CR2E037 (10/97)