

# FILE NOW: FILING FEE IS \$61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # N08728 (0)**  
1. Corporation Name  
**FLORIDA GULF COAST ART CENTER FOUNDATION, INC.**



Principal Place of Business  
**222 PONCE DE LEON BOULEVARD  
BELLEAIR FL 34616-1609**

Mailing Address  
**222 PONCE DE LEON BOULEVARD  
BELLEAIR FL 34616-1609**

3. Date Incorporated or Qualified  
**04/16/1985**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2705681</b>		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country		25 Country		29 Country		30 Country	

## 9. Name and Address of Current Registered Agent

**COWARD, AMELIA B.  
222 PONCE DE LEON BLVD.  
BELLEAIR FL 34616**

## 10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	<b>SD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BORDNER, DIANE C.</b>	1.2 NAME	<b>MARIE GAGE</b>
STREET ADDRESS	<b>2535 LANDMARK DRIVE SUITE 109</b>	1.3 STREET ADDRESS	<b>2249 JAFFA PLACE</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34624</b>
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLSEY, GREG A.</b>	2.2 NAME	<b>GREG A. WILLSEY</b>
STREET ADDRESS	<b>1106 PALMVIEW AVENUE</b>	2.3 STREET ADDRESS	<b>1106 PALMVIEW AVENUE</b>
CITY-ST-ZIP	<b>BELLEAIR FL</b>	2.4 CITY-ST-ZIP	<b>BELLEAIR, FL 34616</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CONNELLY, JOHN P.</b>	3.2 NAME	<b>WILLIAM B. DISBROW</b>
STREET ADDRESS	<b>445 COUNTRY CLUB DRIVE</b>	3.3 STREET ADDRESS	<b>640 PONCE DE LEON BLVD</b>
CITY-ST-ZIP	<b>BELLEAIR FL</b>	3.4 CITY-ST-ZIP	<b>BELLEAIR, FL 34616</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>MD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>KEN ROLLINS</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>104 INDIAN ROCKS ROAD S</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL 34640</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 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)(k), 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** **4/30/96** **(813)584-8634**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)