


FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/16/1985	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2705681	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fees Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAGE, MARIE	1.2 NAME	STEPHANIE T. MARQUARDT
STREET ADDRESS	2249 JAFFA PLACE	1.3 STREET ADDRESS	1715 MEREDITH LANE
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	BELLEAIR, FL 34616
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLSEY, GREG A.	2.2 NAME	J.PATRICK DUFFY
STREET ADDRESS	1106 PALMVIEW AVENUE	2.3 STREET ADDRESS	2441 WEYMOUTH DRIVE
CITY-ST-ZIP	BELLEAIR FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 34619
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DISBROW, WILLIAM B	3.2 NAME	BRUCE H. MURPHY
STREET ADDRESS	640 PONCE DE LEON BLVD	3.3 STREET ADDRESS	1961 HILLCREEK CIRCLE S.
CITY-ST-ZIP	BELLEAIR FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 34619
TITLE	MD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLINS, KEN	4.2 NAME	
STREET ADDRESS	104 INDIAN ROCKS ROAD S	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	4.4 CITY-ST-ZIP	
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 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** 4/22/97 (813) 584-8634

CR2E037 (9/96)