

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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.

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|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business 222 PONCE DE LEON BOULEVARD BELLEAIR FL 33756-1609 | Mailing Address 222 PONCE DE LEON BOULEVARD BELLEAIR FL 33756-1609 |
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| | |
|---------------------------------------------|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State 22 | City & State 27 |
| Zip 23 | Zip 28 |
| Country 24 | Country 29 |
| 33756-1609 | 33756-1609 |

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|--------------------------------------------------------|
| 3. Date incorporated or Qualified 04/16/1985 |
| 4. FEI Number 59-2705681 |
| Applied For Not Applicable |

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 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 |

9. Name and Address of Current Registered Agent
**COWARD, AMELIA B.
222 PONCE DE LEON BLVD.
BELLEAIR FL 33756**

| | |
|-----------------------------------------------------------------------------------------|--------------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name KEN ROLLINS | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 222 PONCE DE LEON BLVD. | |
| 83 | |
| 84 City BELLEAIR | 85 Zip Code FL 33756 |

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 *Ken Rollins* **KEN ROLLINS, EXECUTIVE DIRECTOR** 03/24/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

| 12. OFFICERS AND DIRECTORS | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SO MARQUARDT, STEPHANIE T 1715 MEREDITH LANE BELLEAIR FL <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO DUFFY, J P 2441 WEYMOUTH DRIVE CLEARWATER FL <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TO MURPHY, BRUCE H 1961 HILLCREEK CIRCLE S CLEARWATER FL <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD ROLLINS, KEN 104 INDIAN ROCKS ROAD S BELLEAIR BLUFFS FL <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | TRUSTEE/PRESIDENT JAMES S. WATROUS 501 PALMETTO ROAD BELLEAIR, FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | TRUSTEE/SECRETARY MARILYN M. LOKEY 520 PONCE DE LEON BLVD. BELLEAIR, FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | TRUSTEE/TREASURER ANDREW J. CRASKE 107 GULF VIEW DRIVE BELLEAIR BLUFFS, FL 33770 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | EXECUTIVE DIRECTOR KEN ROLLINS 222 PONCE DE LEON BLVD. BELLEAIR, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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** 03/24/98 (813) 584-8634
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0062574

CR2E037 (10/97)