FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N12627

1. Corporation Name

THE HIPPODROME STATE THEATER FOUNDATION, INC.

Principal Place of Business 25 SE 2 PLACE GAINESVILLE FL 32601

2. Principal Place of Business

21

Mailing Address

25 SE 2 PLACE GAINESVILLE FL 32601

2a. Mailing Address

26

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90045 021 ****61.25



3. Date Incorporated or Qualifed

12/18/1985

Suite, Apt. i	# etc	Suite, Apt. #, etc				4. FEI Number			Appli	ed For
22	T, Old.	—	27			59- 1590987 -	-	- 1	Not A	pplicable
City & State		City & State			:	5. Certifcate of Status Desired	stus Desired			
23 Zip	Country	Zip	Cou	ntry		6. Election Campaign Financing		\$5	.00 м	av Be
24	25 29 30			•		Trust Fund Contribution		•	ded to	
	9. Name and Address of Current					10. Name and Address of New	Registered /	\gent		
		······································		81	Name					
CHIDDY C MICHAEL				82 Street Address (P.O. Box Number is Not Acceptable)						
CURRY, C., MICHAEL 25 SE 1 PLACE				82 Street Address (P.O. Box Number is Not Acceptable)						
				83						
GAINESVILLE FL 32601								Žin Co		
				84	City		FL	85	Žip Co	de
11 D	to the previous of Castions 617 0502	and 617 1508 Florida 5	Statutes the a	L_L hove	-named comor	ration submits this statement for the	numose of	changir	ng its re	gistered
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			AIOTE B. San		t alough as aire daile.	Aco coloctoling)	DATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND		(NOTE: Registered	Ageni	t signature required v	ADDITIONS/CHANGES TO OF		D DIRE	CTOR	S IN 12
		DELE		TI E				Cha		Addition
TMLE				12 NAME				_		
NAME.	HAUSCH, MARY									
STREET ADDRESS	546 NE 6 AVE				ADDRESS					Ì
CITY-ST-ZIP	GAINESVILLE FL			1.4 CITY-ST-ZIP 2.1 TITLE				Cha	9008	Addition
TITLE	VD	1 DELE				•				
NAME	WALL-ASSE, MARILYN		2.2 N							ŀ
STREET ADDRESS	404 NE 4 AVE		2.3 \$	REET	ADDRESS					[
CITY-ST-ZIP	GAINESVILLE FL			ITY-S	T-ZIP	<u> </u>		Ch	2000	Addition
TTLE	TD	☐ DELE	TE 3.1 TI	πE				.∐ Cit	ange	L. Addison
NAME	CURRY, . MICHAEL C		3.2 N	AME						
STREET ADDRESS	25 SE 2 PLACE		3.3 \$	REET	ADDRESS					
CITY-ST-ZIP	GAINESVILLE FL		3.4.0	ITY-S	T-ZSP					P 4 1 474
TITLE	SD DELETE			4.1 TITLE				☐ Ch	ange	Addition
NAME	LASSETER, SHIRLEY,		4.21	IAME						Ì
STREET ADDRESS	25 SE 2ND PL		4.3 S	TREET	ADDRESS					
CITY-ST-ZIP	GAINESVILLE FL		4.4 C	TY-S1	-ZIP					
TITLE		☐ DELE	TE 5.1 T	TLE				Cu	ange	☐ Addition
NAME			5.2 N	AME						
STREET ADDRESS			5.3 S	TREET	ADDRESS					
CITY-ST-ZIP			5.4 C	ΠY-\$1	r-ZIP		·			
TITLE		☐ DELE	TE 6.1 TI	TLE				Ch	ange	Addition
NAME			. 6.2 N	AME						
STREET ADDRESS			6.3 S	TREET	ADDRESS					
			6.4 C	ITY-S1	r-ZIP					
CITY-ST-ZIP						ation 110 07(3)(i) Florida Statutes	I further cor	life that	the inf	ormation

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, with all other like empowered.

SIGNATURE: