FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:15

DOCUMENT # **N22369** **(5)**

1. Corporation Name

THE FLORIDA THEATRE PERFORMING ARTS CENTER, INC.

Principal Place of Business	Mailing Address
%JEFFREY D. DUNN 128 E. FORSYTH STREET JACKSONVILLE FL 32202	%JEFFREY D. DUNN 128 E. FORSYTH STREET JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1987
3a. Date of Last Report: 05/17/1994
4. FEI Number: 59-2850579 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LANE, EDWARD III
128 EAST FORSYTH STREET
JACKSONVILLE FL 32202

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	DUNN, JEFFREY D.	1.2 NAME		
STREET ADDRESS	1430 FIRST UNION BLDG.	1.3 STREET ADDRESS	Douglas K. Freeman	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	50 North Laura Street Jacksonville, Fl. 32202	
TITLE	SD	2.1 TITLE	D/T	☒ Change ☐ Addition
NAME	KLECHAK, THOMAS L.	2.2 NAME	Steve F. Perez	
STREET ADDRESS	943 CESERY BLVD.	2.3 STREET ADDRESS	One IndependentDr., Suite 2700	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, Fl. 32201	
TITLE	VPD	3.1 TITLE	Delete Nancy Felton from list	☒ Change ☐ Addition
NAME	FELTON, NANCY	3.2 NAME		
STREET ADDRESS	3208 BEAUCLERC ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	CD	4.1 TITLE	D/S	☒ Change ☐ Addition
NAME	LANE, EDWARD III	4.2 NAME		
STREET ADDRESS	1600 FIRST UNION BLDG	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	TCD	5.1 TITLE	D/P	☐ Change ☐ Addition
NAME	PERRY, T. KEITH	5.2 NAME		
STREET ADDRESS	2031 HENDRICKS AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	PD	6.1 TITLE	C	☐ Change ☐ Addition
NAME	HODNETT, LESLIE	6.2 NAME		
STREET ADDRESS	4920 ORTEGA BLVD	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	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)(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: Freeman Lane & 3/24/95 904 354-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000187