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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32202-3366

3. Date Incorporated or Qualified: 09/04/1987
3a. Date of Last Report: 04/15/1996
4. FEI Number: 59-2850579 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc. Suite 300	27 Suite, Apt. #, etc. Suite 300
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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 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 Edward Lane III
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	DVP	☒ DELETE	1.1 TITLE	DVP	☒ Change ☐ Addition
NAME	FREEMAN, DOUGLASS		1.2 NAME	Adams, Dr. Afesa	
STREET ADDRESS	50 N LAURA ST		1.3 STREET ADDRESS	4467 St. Johns Bluff Rd	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	DT	☒ DELETE	2.1 TITLE	DT	☐ Change ☒ Addition
NAME	PEREZ, STEVE F.		2.2 NAME	Alexander, Anne M.	
STREET ADDRESS	ONE INDEPENDENT DR #2700		2.3 STREET ADDRESS	223 Water Street	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	DS	☐ DELETE	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	LANE, EDWARD III		3.2 NAME	Lane, Edward III	
STREET ADDRESS	1600 FIRST UNION BLDG		3.3 STREET ADDRESS	4190 Belfort Rd. Ste. 351	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	DP	☒ DELETE	4.1 TITLE	DP	☒ Change ☐ Addition
NAME	PERRY, T. KEITH		4.2 NAME	Martin, Robert E.	
STREET ADDRESS	2031 HENDRICKS AVENUE		4.3 STREET ADDRESS	1 Riverside Avenue	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 [illegible] DATE [illegible]