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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22369

1. Corporation Name
THE FLORIDA THEATRE PERFORMING ARTS CENTER, INC.

Principal Place of Business	Mailing Address
%JEFFREY D. DUNN STE. 300 JACKSONVILLE FL 32202 US	%JEFFREY D. DUNN STE. 300 JACKSONVILLE FL 32202 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/04/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2850579 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HART, J. ERIK
128 EAST FORSYTH STREET
STE 300
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 _____ 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	DVP	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	ADAMS, DR. AFESA		1.2 NAME		
STREET ADDRESS	4467 ST JOHNS BLUFF RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	32224	
TITLE	DT	☒ DELETE	2.1 TITLE	DT	☒ Change ☐ Addition
NAME	ALEXANDER, ANNE M		2.2 NAME	Perry, T. Keith	
STREET ADDRESS	223 WATER ST		2.3 STREET ADDRESS	117 Hidden Cove Lane	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	~~Ponte Vedra Beach, FL 32082~~	
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REED, GEORGIA		3.2 NAME		
STREET ADDRESS	200 W FORSYTH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		3.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	MARTIN, ROBERT E		4.2 NAME		
STREET ADDRESS	1 RIVERSIDE AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	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 (11/98)

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, with all other like empowered.

SIGNATURE: Robert F. Martin SIGNATURE REQUIRED 2/1/99 904 359-4629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #