

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90054 023 ****70.00

DOCUMENT # N22369	
1. Entity Name THE FLORIDA THEATRE PERFORMING ARTS CENTER, INC.	

Principal Place of Business %ERIK J. HART 128 E FORSYTH ST #300 JACKSONVILLE, FL 32202 US	Mailing Address %ERIK J. HART 128 E FORSYTH ST #300 JACKSONVILLE, FL 32202 US
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94032662



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03032004 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 59-2850579	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HART, J. ERIK 128 EAST FORSYTH STREET STE 300 JACKSONVILLE, FL 32202	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

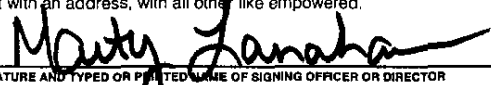
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP SULZBACHER, WILLIAM M 7400 BAYMEADOWS WAY STE 107 JACKSONVILLE, FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PERRY KEITH, T 117 HIDDEN COVE LN PONT VEDRA BCH, FL 32082 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NEWTON, ELIZABETH 1301 RIVERPLACE BLVD STE 300 JACKSONVILLE, FL 32207 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDVP PEELE, GERTRUDE 4336 ROTH DRIVE SOUTH JACKSONVILLE, FL 32209 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANAHAN, MARTY 51 W. BAY STREET, JAX. FL 32202 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/C REID, BRUCE E. 8787 BAYMEADOWS WAY, RM.3-2-B620, JAX, FL 32256 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAILEY, JAMES F. JR. 10 N. NEWNAN ST., JAX. FL 32202 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:		Date	Daytime Phone #
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