

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22369

FILED  
May 06, 2005  
Secretary of State

Entity Name: THE FLORIDA THEATRE PERFORMING ARTS CENTER, INC.

**Current Principal Place of Business:**

%ERIK J. HART  
128 E FORSYTH ST #300  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

%ERIK J. HART  
128 E FORSYTH ST #300  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

FEI Number: 59-2850579      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HART, J. ERIK  
128 EAST FORSYTH STREET  
STE 300  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LANAHAN, MARTY  
Address: 51 W. BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: DT ( ) Delete  
Name: PERRY KEITH, T  
Address: 117 HIDDEN COVE LN  
City-St-Zip: PONT VEDRA BCH, FL 32082

Title: SC ( ) Delete  
Name: REID, BRUCE E  
Address: 8787 BAYMEADOWS WAY, 3-2-B620  
City-St-Zip: JACKSONVILLE, FL 32256

Title: V ( ) Delete  
Name: BAILEY, JAMES F JR  
Address: 10 N. NEWNAN ST.  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACKIE L. WILLIAMS

FD

05/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date