2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22369

Name:

Address:

City-St-Zip:

BAILEY, JAMES F JR

JACKSONVILLE, FL 32202

10 N. NEWNAN ST.

FILED Jan 10, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: %ERIK J. HART 128 E FORSYTH ST #300 JACKSONVILLE, FL 32202 US **New Mailing Address: Current Mailing Address:** %ERIK J. HART 128 E FORSYTH ST #300 JACKSONVILLE, FL 32202 US FEI Number: 59-2850579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, J. ERIK 128 EÁST FORSYTH STREET STE 300 JACKSONVILLE, FL 32202 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LANAHAN, MARTY Name: Name: 51 W. BAY STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: Title: DT () Delete Title: (X) Change () Addition PERRY KEITH, T Name: FARRELL, MARK T Name: Address: 117 HIDDEN COVE LN Address: 3020 HARTLEY ROAD STE 300 City-St-Zip: PONT VEDRA BCH, FL 32082 City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: (X) Change () Addition REID, BRUCE E REID, BRUCE E Name: Name: 14000 CITI CARDS WAY B3R-3A058 Address: 8787 BAYMEADOWS WAY, 3-2-B620 Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32258 Title: () Delete Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

LAZZARA, IRENE

129 BRISTOL PLACE

PONTE VEDRA BEACH, FL 32082

SIGNATURE: J. ERIK HART RA 01/10/2006