

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N22369

FILED  
Mar 14, 2014  
Secretary of State

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

**Current Principal Place of Business:**

128 E FORSYTH STREET  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

128 E FORSYTH STREET  
SUITE 300  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 59-2850579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GRADY, DEBBIE MS  
128 EAST FORSYTH STREET  
STE 300  
JACKSONVILLE, FL 32202 US

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

SAISSELIN, NUMA C  
128 EAST 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: NUMA SAISSELIN

03/14/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SAISSELIN, NUMA C  
Address: 128 E FORSYTH STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: C  
Name: HENRY, DAVE  
Address: 932 1ST STREET NORTH #503  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: T  
Name: HARDEE, KELLIE  
Address: 4600 TOUCHTON ROAD SUITE 1200  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VC  
Name: MILLS, PETER  
Address: 500 WATER STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VC  
Name: KELLY, DIAZ  
Address: 1490 SELVA MARINA DRIVE  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: S  
Name: VINCE, MCCORMACK  
Address: 5 WEST FORSYTH STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby 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 all other like empowered.

SIGNATURE: NUMA C. SAISSELIN

PRES

03/14/2014

Electronic Signature of Signing Officer or Director

Date