FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -6 AM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24263** **(8)**

1. Corporation Name

PERFORMING ARTS CENTER FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O ELISSA O GETTO 1111 MCMULLEN BOOTH RD CLEARWATER FL 34619	C/O ELISSA O GETTO 1111 MCMULLEN BOOTH RD CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/08/1988**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2866623** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Thomas R. Giddens	26 c/o Thomas R. Giddens
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GETTO, ELISSA O 1111 MCMULLEN-BOOTH RD CLEARWATER FL 34619	81 Name: Thomas R. Giddens 82 Street Address (P.O. Box Number is Not Acceptable): PAC Foundation, Inc. 83 1111 McMullen Booth Rd. 84 City: Clearwater FL 85 Zip Code: 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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 607.0505, Florida Statutes.

SIGNATURE: Thomas R. Giddens 3/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCEO	11 TITLE	Interim Executive Director	☒ Change ☐ Addition
NAME	GETTO, ELISSA O	12 NAME	Thomas R. Giddens	
STREET ADDRESS	1111 MCMULLEN BOOTH RD	13 STREET ADDRESS	1111 McMullen Booth Rd.	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Clearwater,Fl. 34619	
TITLE	CD	21 TITLE	Chairman	☒ Change ☐ Addition
NAME	JOHNSON, BILL	22 NAME	Harper,James	
STREET ADDRESS	112 HOMEPORT DR.	23 STREET ADDRESS	540 Palmetto Road	
CITY-ST-ZIP	PALM HARBOR FL	24 CITY-ST-ZIP	Belleair,Fl	
TITLE	VCD	31 TITLE	Vice-Chairman	☒ Change ☐ Addition
NAME	HARPER, JAMES	32 NAME	Hurley,Renee'	
STREET ADDRESS	540 PALMETTO RD	33 STREET ADDRESS	1540 Gulf Boulevard,Ph 4	
CITY ST ZIP	BELLEAIR FL	34 CITY ST ZIP	Clearwater, Fl.	
TITLE	TD	41 TITLE	Treasurer	☒ Change ☐ Addition
NAME	SMOUT, LES	42 NAME	Cantonis,James	
STREET ADDRESS	2378 ANTHONY AVE	43 STREET ADDRESS	305 Orlando Road	
CITY ST ZIP	CLEARWATER FL	44 CITY ST ZIP	Belleair,Fl.	
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	WATROUS, JAMES	52 NAME		
STREET ADDRESS	501 PALMETTO ROAD	53 STREET ADDRESS		
CITY ST ZIP	BELLAIR FL	54 CITY ST ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	MILLER, LOIS	62 NAME		
STREET ADDRESS	1880 DEL ROBLES TERRACE	63 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Thomas R. Giddens 3/3/95 813-791-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000360