

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 20 1996 8:00 am
Secretary of State

DOCUMENT # N24263 (8)

1. Corporation Name

PERFORMING ARTS CENTER FOUNDATION, INC.



Principal Place of Business

Mailing Address

% GIDDENS, THOMAS R.
1111 MCMULLEN BOOTH RD
CLEARWATER FL 34619
US

% GIDDENS, THOMAS R.
1111 MCMULLEN BOOTH RD
CLEARWATER FL 34619
US

3. Date Incorporated or Qualified
01/08/1988

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2868623

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

GIDDENS, THOMAS R.
PAC FOUNDATION INC
1111 MCMULLEN BOOTH RD
CLEARWATER FL 34619

81 Name
Nancy Sullivan Skinner
82 Street Address (P.O. Box Number is Not Acceptable)
PAC Foundation Inc.
83 1111 McMullen Booth Road
84 City
Clearwater FL 85 Zip Code
34619

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 D ☒ DELETE

NAME GIDDENS, THOMAS R.
STREET ADDRESS 1111 MCMULLEN BOOTH RD
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE Executive Director & CEO ☒ Change ☐ Addition

1.2 NAME Nancy Sullivan Skinner
1.3 STREET ADDRESS 1111 McMullen Booth Road
1.4 CITY-ST-ZIP Clearwater, FL 34619 ☐ Change ☐ Addition

TITLE C ☐ DELETE

NAME HARPER, JAMES
STREET ADDRESS 540 PALMETTO RD
CITY-ST-ZIP BELLEAIR FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VC ☐ DELETE

NAME HURLEY, RENEE
STREET ADDRESS 1540 GULF BLVD PH4
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME CANTONIS, JAMES
STREET ADDRESS 305 ORLANDO RD
CITY-ST-ZIP BELLEAIR FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME WATROUS, JAMES
STREET ADDRESS 501 PALMETTO ROAD
CITY-ST-ZIP BELLAIR FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AS ☐ DELETE

NAME MILLER, LOIS
STREET ADDRESS 1880 DEL ROBLES TERRACE
CITY-ST-ZIP CLEARWATER FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

Nancy Sullivan Skinner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY SULLIVAN SKINNER

1/18/96

813-791-7060
Daytime Phone #

CR2E037 (12/95)