FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 10 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N24263

(8)

PERFORMING ARTS CENTER FOUNDATION, INC.

1 Fill Olimina Villa opinici i constituti ino.								
Principal Place of Business ****CHOCKERS************************************		Mailing Address **********************************						
								US
2. Principal Place of Business		2e. Mailing Address			4. FEI Number Applied For 59-2868623 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip	Country 30	/	8. This corporation has liability for			
271	9. Name and Address of Curre		1901		10. Name and Address of New R			
***************************************			81	Name		<u> </u>		
	R, NANCY SULLIVAN		82	Street	Address (P.O. Box Number is Not Accepta	ble)	, <u></u>	
1111 M	UNDATION INC CMULLEN BOOTH ROAD		83					
• • • • • • • • • • • • • • • • • • • •	VATER FL 34619		84	' '		FL 85 Zip C		
11. Pursuant office or r agent. La	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	2 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, F	tes, the abov authorized b lorida Statute	e-named y the corp s.	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its pt the appointment as r	registered egistered	
SIGNATURE	_							
	Signature, typed or printed name of registered ag-			ent signature	required when reinstating)	DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
TITLE	DCEO	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	SKINNER, NANCY S.	240	1.2 NAME	İ				
STREET ADDRESS	1111 MCMULLEN BOOTH RO	JAU		ADDRESS				
CITY-ST-ZIP	CLEARWATER FL	X DELETE	1.4 C/TY-5	ST - ZIP		Change	Addition	
TITLE	C LANDED LAMPA	(X) DELETE	2.1 TITLE		C	Change	CT MUNIOU	
NAME	HARPER, JAMES		2.2 NAME		RENEE HURLEY			
STREET ADDRESS	540 PALMETTO RD		2.3 STREE		3022 Oakmont Drive Clearwater, FL			
CITY-ST-ZIP TITLE	BELLEAIR FL VC	X DELETE	2. 4 CITY- 3.1 TITLE	51-ZIP	VC	X Change	Addition	
NAME	HURLEY, RENEE	MD OFFICE	3.2 NAME	}	DANIEL T. MANN	pri change		
STREET ADDRESS	1540 GULF BLVD PH4		I	ADDRESS	1521 Glen Hollow Lane	South		
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY -		Dunedin, FL 34698			
TITLE	T	X DELETE	4.1 T(TLE	51-ZIP	Т	X Change	Addition	
NAME	CANTONIS, JAMES	45	4. 2 NAME	1	WILLIAM E. NODINE	and onlings		
STREET ADDRESS	305 ORLANDO RD			ADDRESS	565 Bayview Drive			
CITY-ST-ZIP	BELLEAIR FL		4.4 CITY-5		Belleair, FL 34616			
TITLE	\$D	X DELETE	5.1 TITLE	,, ,,	S	X Change	Addition	
NAME	WATROUS, JAMES		5.2 NAME		C. EDGAR HART			
STREET ADDRESS	501 PALMETTO ROAD		5.3 STREET	ADDRESS	465 Park Avenue			
CITY-ST-ZIP	BELLAIR FL		5.4 CiTY - S		Clearwater, FL 34616			
TITLE	AS	DELETÉ	6.1 TITLE		AT	Change	X Addition	
NAME	MILLER, LOIS	_ -	6.2 NAME	ľ	WILLIAM A. ROSS, III			
STREET ADDRESS	1880 DEL ROBLES TERRACE	:	6.3 STREET	ADDRESS	125 Devon Drive			
CITY-ST-ZIP	CI FARWATER FI	-	64 CITY-S		Clearwater, FL 34630			

14. I do hereby certify that the information supplied with this filing 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.

Shelley C. Brooks