

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**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**

3. Date Incorporated or Qualified  
**01/08/1988**  
4. FEI Number  
**59-2868623**  
Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 **33759** 25 29 **33759** 30

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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

**SKINNER, NANCY SULLIVAN**  
**PAC FOUNDATION INC**  
**1111 MCMULLEN BOOTH ROAD**  
**CLEARWATER FL 34619**

**10. Name and Address of New Registered Agent**

81 Name **VAN NOORD, LEONARD J.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1111 McMullen Booth Road**  
83  
84 City **Clearwater** 85 Zip Code **FL 33759**

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 *Leonard J. Van Noord* 2-18-98  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DCEO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SKINNER, NANCY S.</b>	
STREET ADDRESS	<b>1111 MCMULLEN BOOTH ROAD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MANN, DANIEL T</b>	
STREET ADDRESS	<b>1521 GLEN HOLLOW LN S</b>	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>HURLEY, RENEE</b>	
STREET ADDRESS	<b>3022 OAKMONT DR</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>NODINE, WILLIAM E</b>	
STREET ADDRESS	<b>585 BAYVIEW DR</b>	
CITY-ST-ZIP	<b>BELLEAIR FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HART, C EDGAR</b>	
STREET ADDRESS	<b>485 PARK AVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, LOIS</b>	
STREET ADDRESS	<b>1880 DEL ROBLES TERRACE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>ED</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>VAN NOORD, LEONARD J.</b>	
1.3 STREET ADDRESS	<b>1929 Nugget Drive</b>	
1.4 CITY-ST-ZIP	<b>Clearwater, FL 33755</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE *Leonard J. Van Noord* 2-18-98 (813) 701-7060

CR2E037 (10/97)