


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	
DOCUMENT # N32630 (8) Corporation Name			
BETSY JOHNSON LEARNING CENTER FOR THE PERFORMING ARTS, INC.			
Principal Place of Business c/o Cathedral Church of St. Luke Post Office Box 2328 Orlando, FL 32802		Mailing Address c/o Cathedral Church of St. Luke Post Office Box 2328 Orlando, FL 32802	

2. Principal Place of Business 21 c/o Charlotte Johnson Suite, Apt. #, etc. 22 1050-B E. Michigan St. City & State 23 Orlando, FL Zip 24 32806		2a. Mailing Address 26 c/o Charlotte Johnson Suite, Apt. #, etc. 27 1050-B E. Michigan St. City & State 28 Orlando, FL Zip 29 32806 Country 30 USA		3. Date Incorporated or Qualified 06/01/1989 3a. Date of Last Report 04/25/1995 4. FEI Number 59-2956286 Applied For Not Applicable 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
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9. Name and Address of Current Registered Agent McDonald, Rodger J. 1218 E. Robinson Street Orlando, FL 32801				10. Name and Address of New Registered Agent 81 Name Charlotte Johnson 82 Street Address (P.O. Box Number is Not Acceptable) 1050-B East Michigan Street 83 84 City Orlando 85 Zip Code FL 32806			
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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 *Charlotte Johnson* Charlotte Johnson DATE 7/3/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE D [X] DELETE				11 TITLE D/P [X] Change [X] Addition			
NAME Wheeler, Robert				12 NAME Johnson, Charlotte			
STREET ADDRESS P.O. Box 2328 N/A				13 STREET ADDRESS 1050-B E. Michigan St.			
CITY-ST-ZIP Orlando, FL				14 CITY-ST-ZIP Orlando, FL 32806			
TITLE D [X] DELETE				21 TITLE VP/D [X] Change [X] Addition			
NAME Johnson, Charlotte				22 NAME Halpin, Steven			
STREET ADDRESS P.O. Box 2328 N/A				23 STREET ADDRESS 911 Rugby			
CITY-ST-ZIP Orlando, FL				24 CITY-ST-ZIP Orlando, FL 32804			
TITLE D [X] DELETE				31 TITLE D/S [X] Change [X] Addition			
NAME Lane, Benjamin				32 NAME Tew, Patty			
STREET ADDRESS P.O. Box 2328 N/A				33 STREET ADDRESS 1015 Lancaster Drive			
CITY-ST-ZIP Orlando, FL				34 CITY-ST-ZIP Orlando, FL 32806-2314			
TITLE [] DELETE				41 TITLE D/T [X] Change [X] Addition			
NAME				42 NAME Walker, Andrew			
STREET ADDRESS				43 STREET ADDRESS 200 St. Andrews Blvd., Suite 3201			
CITY-ST-ZIP				44 CITY-ST-ZIP Winter Park, FL 32789			
TITLE [] DELETE				51 TITLE 300001890203 [X] Change [] Addition			
NAME				52 NAME -07/11/96--01007--021			
STREET ADDRESS				53 STREET ADDRESS ***\$61.25			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE [] DELETE				61 TITLE [X] Change [X] Addition			
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				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)(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: *Charlotte Johnson* 7/3/96 (407)841-7021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charlotte Johnson, President

CR2E037 (12/95)