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97 JUN 20 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001420 (8)

1. Corporation Name

S HUOK FOUNDATION FOR THE PERFORMING ARTS, INC.

Principal Place of Business

Mailing Address

300 PALM AVE.
MIAMI BEACH FL 33139

300 PALM AVE.
MIAMI BEACH FL 33139-5144

3. Date Incorporated or Qualified
03/08/1994

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 424 BEACH DRIVE NE

26 424 BEACH DRIVE NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 103

27 103

City & State

City & State

23 St. Petersburg, FL

28 St. Petersburg, FL

Zip

Country

Zip

Country

24 33701

25 Pinellas

29 33701

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDON, LEWIS G ESQ.
1320 SOUTH DIXIE HWY., SUITE 700
CORAL GABLES FL 33146

81 Name Cassandra Grayson
82 Street Address (P.O. Box Number is Not Acceptable) 424 BEACH DRIVE NE
83 Suite 103
84 City St. Petersburg FL 85 Zip Code 33701

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

CASSANDRA GRAYSON
Signature, typed or printed name of registered agent and title if applicable

CEO
(NOTE: Registered Agent signature required when reinstating)

4/11/97
DATE

12. OFFICERS AND DIRECTORS

TITLE T GRAYSON, ERIC ☒ DELETE

NAME GRAYSON, ERIC
STREET ADDRESS 300 PALM AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE T GRAYSON, CASANDRA M ☐ DELETE

NAME GRAYSON, CASANDRA M
STREET ADDRESS 300 PALM AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE T LIEF, RUTH ☒ DELETE

NAME LIEF, RUTH
STREET ADDRESS 44 WEST 77TH ST.
CITY-ST-ZIP NEW YORK NY 10024

TITLE T LIEF, ARTHUR ☒ DELETE

NAME LIEF, ARTHUR
STREET ADDRESS 44 WEST 77TH ST.
CITY-ST-ZIP NEW YORK NY 10024

TITLE T GORDON, LEWIS G ☐ DELETE

NAME GORDON, LEWIS G
STREET ADDRESS 1414 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT President ☐ Change ☒ Addition

1.2 NAME Grace Haley
1.3 STREET ADDRESS 418 1/2 BEACH DRIVE NE
1.4 CITY-ST-ZIP St. Petersburg, FL 33701

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 300002221973--4
2.3 STREET ADDRESS -06/24/97--01102--002
2.4 CITY-ST-ZIP *****61.25 *****61.25

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 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

4/11/97

CR2E037 (9/96)