

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 # N94000004807 (3)

1. Corporation Name

JACKSONVILLE PERFORMING ARTISTS, INC.



Principal Place of Business

Mailing Address

5615 SAN JUAN AVE.
#601
JACKSONVILLE FL 32210

5615 SAN JUAN AVE.
#601
JACKSONVILLE FL 32210

2. Principal Place of Business

21 437 PERDIDO DR

Suite, Apt. #, etc.

22

City & State

23 ORANGE PARK FL

24 Zip 32073

Country USA

2a. Mailing Address

26 437 PERDIDO DR

Suite, Apt. #, etc.

27

City & State

28 ORANGE PARK FL

29 Zip 32073

Country USA

3. Date Incorporated or Qualified

09/28/1994

3a. Date of Last Report

09/14/1995

4. FEI Number

59-3291176

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

FORTE, MONNETTE
5615 SAN JUAN AVE.
#601
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

HOURIHANE, MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)

437 PERDIDO DR

83

84 City

ORANGE PARK

FL

85 Zip Code

32073

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's signature required when rendering)

FEB 16, 1996

Date

12. OFFICERS AND DIRECTORS

TITLE

P

☒ DELETE

NAME

CUEVAS, CARMEN

STREET ADDRESS

1706 ANDREWS CRT.

CITY - ST - ZIP

ORANGE PARK FL 32073

TITLE

VT

☐ DELETE

NAME

LAGUIO, AL

STREET ADDRESS

10384 AUTUMN VALLEY RD.

CITY - ST - ZIP

JAX FL 32257

TITLE

T

☐ DELETE

NAME

LAGUIO, LORNA

STREET ADDRESS

10384 AUTUMN VALLEY RD.

CITY - ST - ZIP

JAX FL 32257

TITLE

ST

☒ DELETE

NAME

JAVIER, MELBA

STREET ADDRESS

710 ROGER SHERMAN ST.

CITY - ST - ZIP

ORANGE PARK FL 32073

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

☒ Change ☐ Addition

1.2 NAME

HOURIHANE, MICHAEL

1.3 STREET ADDRESS

437 PERDIDO DR

1.4 CITY - ST - ZIP

ORANGE PARK FL 32073

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

T
DITAS MALLARI
4007 SMOKE RIDGE CIR E
JACKSONVILLE FL

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 16, 1996 904-278-8592

Date

Deputy Phone #

CR2E037 (12/95)