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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002738 (1)

1. Corporation Name

FLORIDA PERFORMING ARTS, INC.

Principal Place of Business

Mailing Address

128 NORTH NOVA ROAD
ORMOND BEACH FL 32174

128 NORTH NOVA ROAD
ORMOND BEACH FL 32174



3. Date Incorporated or Qualified

06/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTORANO, RICHARD
128 NORTH NOVA ROAD
ORMOND BEACH FL 32174

81 Name

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

83

84 City

FL

85 Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MARTORANO, ANN
STREET ADDRESS 225 GULF CIRCLE NORTH
CITY-ST-ZIP DAYTONA FL 32119

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME REES, RON
STREET ADDRESS 303 N. CLYDE MORRIS BLVD.
CITY-ST-ZIP DAYTONA FL 32114

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME COVINGTON, SYLVESTER
STREET ADDRESS 543 ORANGE AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32114

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HEILMAN, HARRY
STREET ADDRESS 5 ARROWHEAD DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME KROUSE, JOHN H M.D.
STREET ADDRESS 106 N. KINGS ROAD
CITY-ST-ZIP ORMOND BEACH FL 32174

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME RUSLER, DAVID
STREET ADDRESS 231 RIVERSIDE DRIVE
CITY-ST-ZIP HOLLY HILL FL 32117

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 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 a person 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 a letter of consent with address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)