

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY -1 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N96000005411

1. Corporation Name

North Florida Conservatory For The Performing
Arts, Inc.

Principal Place of Business

Mailing Address

1335 East Tennessee Street
Tallahassee, FL 32308

3. Date Incorporated or Qualified

3a. Date of Last Report

10/22/96

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0723381

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Gwendolyn J. Spencer, Esq.
518 N. Calhoun Street
Tallahassee, FL 32301

81 Name

82 Street Address (P.O. Box No. or Mailing Address) 2000 154702--7

83

05/02/97--01148--015

*****61.25 *****61.25

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

Gwendolyn J. Spencer

(NOTE: Registered Agent signature required when reinstating)

4/30/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director ☐ DELETE

NAME Floyd, Patrice
STREET ADDRESS 1505 West Heaven Dr.
CITY-STATE-ZIP Tallahassee, FL 32310

TITLE Director ☐ DELETE

NAME Gonzalez, Cheryl
STREET ADDRESS 3460 Zillah Street
CITY-STATE-ZIP Tallahassee, FL 32311

TITLE Director ☐ DELETE

NAME Henderson, Karen
STREET ADDRESS 8531 Congressional Drive
CITY-STATE-ZIP Tallahassee, FL 32312

TITLE Director ☐ DELETE

NAME Hobbs, Mira
STREET ADDRESS 405 Dunwoody Avenue #11
CITY-STATE-ZIP Tallahassee, FL 32304

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

Patrice J. M. Floyd

Date

4/30/97

Daytime Phone #

(904) 942-5902

CR2E037 (9/96)