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FILED

May 12 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N97000003933 (5)

1. Corporation Name

FIRST COAST THEATRE ARTS ASSOCIATION, INC.

Principal Place of Business

2063 MYRA ST  
JACKSONVILLE FL 32204

Mailing Address

2063 MYRA ST  
JACKSONVILLE FL 32204

3. Date Incorporated or Qualified

07/08/1997

4. FEI Number

593466732

Applied For

Not Applicable

2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KRONER, WILLIAM H  
2063 MYRA ST  
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name

SAME

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

*William H. Kroner*  
Signature, typed or printed name of registered agent and title if applicable.

*William H. Kroner*  
(NOTE: Registered Agent signature required when reinstating)

4/15/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE  
NAME WILLIAM H. KRONER  
STREET ADDRESS 2063 MYRA ST.  
CITY-ST-ZIP JACKSONVILLE, FL. 32204

TITLE VICE PRESIDENT ☒ DELETE  
NAME CURTIS P. GREENE  
STREET ADDRESS 3112 COLLEGE ST.  
CITY-ST-ZIP JACKSONVILLE, FL. 32204

TITLE SECRETARY ☐ DELETE  
NAME HARRIETT SORENSEN  
STREET ADDRESS 3855 ELOISE ST.  
CITY-ST-ZIP JACKSONVILLE, FL. 32204

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PRESIDENT ☐ Change ☐ Addition  
1.2 NAME WILLIAM H. KRONER  
1.3 STREET ADDRESS 2063 MYRA ST.  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32204

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition  
2.2 NAME MARY T. BECKER  
2.3 STREET ADDRESS 2806 HERSCHER ST.  
2.4 CITY-ST-ZIP JACKSONVILLE, FL. 32205

3.1 TITLE SECRETARY ☐ Change ☐ Addition  
3.2 NAME HARRIETT SORENSEN  
3.3 STREET ADDRESS 3855 ELOISE ST.  
3.4 CITY-ST-ZIP JACKSONVILLE, FL. 32205

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 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 *William H. Kroner* 4/15/98

CR2E037 (10/97)