


FILE NOW: FILING FEE IS \$61.25

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90135 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003933

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



2. Principal Place of Business 21 <u>8966 Marlee Road</u> Suite, Apt. #, etc. 22 City & State 23 <u>Jacksonville, FL</u> Zip Country 24 <u>32222</u> 25	2a. Mailing Address 26 <u>8966 Marlee Road</u> Suite, Apt. #, etc. 27 City & State 28 <u>Jacksonville, FL</u> Zip Country 29 <u>32222</u> 30	3. Date Incorporated or Qualified <u>07/08/1997</u> 4. FEI Number <u>59-3466732</u> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	<u>Evelyn Hinkle</u>
82 Street Address (P.O. Box Number is Not Acceptable)	<u>8966 Marlee Road</u>
83	
84 City	<u>Jacksonville</u>
85 State	<u>FL</u>
86 Zip Code	<u>32222</u>

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: Evelyn Hinkle (NOTE: Registered Agent signature required when reinstating) DATE: 4-27-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONER, WILLIAM H	1.2 NAME	Hinkle, Evelyn
STREET ADDRESS	2063 MYRA ST	1.3 STREET ADDRESS	8966 Marlee Road
CITY-ST-ZIP	JACKSONVILLE FL 32204	1.4 CITY-ST-ZIP	Jacksonville, FL 32222
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, MARY I	2.2 NAME	McGrath
STREET ADDRESS	2806 HERSCHEL ST	2.3 STREET ADDRESS	7832 Praver Drive W.
CITY-ST-ZIP	JACKSONVILLE FL 32205	2.4 CITY-ST-ZIP	Jacksonville, FL 32217
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, HARRIET	3.2 NAME	KATY Diamond
STREET ADDRESS	3855 ELOISE ST	3.3 STREET ADDRESS	4743 Dundee Circle
CITY-ST-ZIP	JACKSONVILLE FL 32205	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Faye Rudd
STREET ADDRESS		4.3 STREET ADDRESS	2806 Herschel ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered

SIGNATURE: Evelyn Hinkle SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4-27-99 (904) 778-3632 DAYTIME PHONE #

CR2E037 (11/98)