

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000003933

1. Entity Name
FIRST COAST THEATRE ARTS ASSOCIATION, INC.



Principal Place of Business
3855 ELOISE STREET
JACKSONVILLE, FL 32205

Mailing Address
3855 ELOISE STREET
JACKSONVILLE, FL 32205

APPROVED
AND
FILED
06 SEP 15 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09072006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3466732

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEATHEM, HARRIETT
3855 ELOISE STREET
JACKSONVILLE, FL 32205

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

00079340837
03/19/06--01018--004 **61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEATHEM, HARRIETT
STREET ADDRESS 3855 ELOISE STREET
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE VPD
NAME CAUTHEN, REGGIE
STREET ADDRESS 2510 STEIN STREET
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE TD
NAME KETRON, KEITH
STREET ADDRESS 1739 LONDON AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE S
NAME MC GRATH, SHIRLEY
STREET ADDRESS 7832 PRAVER DRIVE WEST
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-6-06 387-0085

9/15/06