

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90041 019 ****61.25

DOCUMENT # N97000004390

1. Entity Name
FLORIDA HIGHER EDUCATION ARTS NETWORK, INC.



Principal Place of Business
**101 FAA
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611-5800**

Mailing Address
**101 FAA
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611-5800**

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3243201

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'CONNOR, JOHN A
101 FAA
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611-5800**

Name

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

City

FL

Zip Code

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 May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
JIPSON, JIM
UNIVERSITY OF WEST FLORIDA, DEPT. OF ART
PENSACOLA, FL 325140102 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP HIPP, BILL
UNIV. OF MIAMI PO BOX 248165
CORAL GABLES, FL 331247610 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
HIPP, BILL
UNIV. OF MIAMI PO BOX 248165
CORAL GABLES, FL 331247610 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV JONES, RON
UNIV. OF S. FLORIDA COLLEGE OF FINE ARTS
4202 E FOWLER AV
TAMPA, FL 33620 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
PIERSOL, JON
F.S.U. SCHOOL OF MUSIC, R-71
TALLAHASSEE, FL 323062098 ☐ Delete *unchanged*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
unchanged ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
O'CONNOR, JOHN A
101 FAA, CENTER FOR THE ARTS, UNIV. OF FL.
GAINESVILLE, FL 326115800 ☐ Delete *unchanged*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
unchanged ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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: *John A. O'Connor* **John A. O'Connor**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-04-04 (352) 392-0243
Date Daytime Phone #