


FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N97000005396 (3)**

1. Corporation Name

**FIRST COAST CHILDREN'S PERFORMING ARTS FOUNDATIO  
N, INC.**

Principal Place of Business

Mailing Address

**1521 SUMMER SANDS DR  
NEPTUNE BEACH FL 32266**

**1521 SUMMER SANDS DR  
NEPTUNE BEACH FL 32266**

3. Date Incorporated or Qualified

**09/19/1997**

4. FEI Number

**59-3469581**

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** Zip Country

**29** Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MESHAU, RITA GAIL  
1521 SUMMER SANDS DR  
NEPTUNE BEACH FL 32266**

**81** Name

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DIRECTOR  
SUSAN A. HESS  
6210 ST. ANDREWS CT.  
PONTE VEDRA BCH, FL 32082**

TITLE ☐ DELETE

**DIRECTOR  
BETSY THOMPSON  
129 S 36th AVE  
JACKSONVILLE BEACH, FL 32250**

TITLE ☐ DELETE

**SUZIE BISSELL, Director  
113 Solano CAY CR.  
PONTE VEDRA Bch, FL 32082**

TITLE ☐ DELETE

**Rita Gail Meshaw, Director  
1521 SUMMER SANDS DR.  
NEPTUNE BEACH, FL 32266**

TITLE ☐ DELETE

**Director  
LEISHA HUBBARD  
105 TRUDEE DEE LANE  
JACKSONVILLE BEACH, FL 32250**

TITLE ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*Rita Gail Meshaw* - Rita Gail Meshaw

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