

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90148 007 \*\*\*\*70.00

**DOCUMENT # N98000001364**

1. Corporation Name

**ORLANDO PERFORMING ARTS AND EDUCATION CENTER, IN  
C.**

Principal Place of Business

**200 SOUTH ORANGE AVE. SUITE 2600  
ORLANDO FL 32801**

Mailing Address

**200 SOUTH ORANGE AVE. SUITE 2600  
ORLANDO FL 32801**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**03/06/1998**

4. FEI Number

**59-3537603**

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**

9. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORAITON  
200 SOUTH ORANGE AVE, SUITE 2600  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**C  
Jean-Marc Allard  
1936 Lee Road  
Winter Park, Florida 32789**

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**T  
John S. Lord  
390 North Orange Avenue, Suite 900  
Orlando, Florida 32801-1640**

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**S  
Louis T.M. Conti, Esq.  
200 South Orange Avenue, Suite 2600  
Orlando, Florida 32801**

☐ Change

☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**D  
Derek C. Burke  
201 North Magnolia Avenue, Suite 200  
Orlando, Florida 32801**

☐ Change

☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**D  
Linda W. Chapin  
425 North Orange Avenue, Suite 2110  
Orlando, Florida 32801**

☐ Change

☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**D  
Judson C. Green  
1375 Buena Vista Drive  
Lake Buena Vista, Florida 32830**

☐ Change

☒ Addition

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:

**SIGNATURE REQUIRED**

3/29/99

Date

Daytime Phone #

CR2E037 (11/98)