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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90008 042 ****61.25

DOCUMENT # N98000006566

1. Corporation Name

**JENNIFER LEAH KAIRIS MEMORIAL FOUNDATION FOR THE
THEATRE ARTS, INC.**

Principal Place of Business

700 REMINGTON OAK DRIVE
LAKE MARY FL 32746

Mailing Address

4175 WEST LAKE MARY BLVD
SUITE 172
LAKE MARY FL 32746



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

11/16/1998

4. FEI Number

59-3545445

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

KAIRIS, JOHN P
700 REMINGTON OAK DRIVE
LAKE MARY FL 32746

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CHAIRMAN "C"** ☐ Change ☒ Addition
1.2 NAME **JOHN P. KAIRIS**
1.3 STREET ADDRESS **700 Remington OAK Drive**
1.4 CITY-ST-ZIP **LAKE MARY FL 32746**

2.1 TITLE **PRESIDENT "P"** ☐ Change ☒ Addition
2.2 NAME **BARBARA KAIRIS**
2.3 STREET ADDRESS **700 Remington OAK Drive**
2.4 CITY-ST-ZIP **LAKE MARY FL 32746**

3.1 TITLE **"D"** ☐ Change ☒ Addition
3.2 NAME **Thomas Ouellette**
3.3 STREET ADDRESS **1000 Holt Ave - 2735**
3.4 CITY-ST-ZIP **WINTER PARK FL 32789**

4.1 TITLE **"D"** ☐ Change ☒ Addition
4.2 NAME **Bill Eisse**
4.3 STREET ADDRESS **Longwood-Lakemary Rd**
4.4 CITY-ST-ZIP **LAKE MARY FL 32746**

5.1 TITLE **"D"** ☐ Change ☒ Addition
5.2 NAME **JEFF REVELS**
5.3 STREET ADDRESS **1001 East Princeton Street**
5.4 CITY-ST-ZIP **ORLANDO, FL 32803**

6.1 TITLE **"D"** ☐ Change ☒ Addition
6.2 NAME **Will Sidnor**
6.3 STREET ADDRESS **698 Remington OAK Drive**
6.4 CITY-ST-ZIP **LAKE MARY FL 32746**

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: KAIRIS 5-21-99 407-322-0699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)