FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:36

DOCUMENT # N28573 (6)

1. Corporation Name
TAMPA BAY BUSINESS COMMITTEE FOR THE ARTS, INC.

Principal Place of Business	Mailing Address
C/O SUSAN S. FREEMAN P.O. BOX 559 TAMPA FL 33601	C/O SUSAN S. FREEMAN P.O. BOX 559 TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1988
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-2948216 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 400 NORTH ASHLEY DRIVE	26 P.O. Box 559
Suite, Apt. #, etc. 22 SUITE 1960	Suite, Apt. #, etc. 27 "
City & State 23 TAMPA FLORIDA	City & State 28 Tampa, FL
Zip / Country 24 33602 / 25 USA	Zip / Country 29 33601 / 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FREEMAN, SUSAN 400 N. ASHLEY DRIVE 19TH FLOOR TAMPA FL 33601	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 SUITE 1950 84 City FL 85 Zip Code 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Susan A. Freeman 1/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	YADLEY, GREGORY C	1.2 NAME		
STREET ADDRESS	101 E. KENNEDY #2500	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	DS	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	HIMES, RUTH	2.2 NAME	WILLIAMS, LANE	
STREET ADDRESS	ONE HARBOUR PL	2.3 STREET ADDRESS	110 W. COLUMBUS DRIVE	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA FL 32602	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	KESSEL, ROGER	3.2 NAME		
STREET ADDRESS	702 N. FRANKLIN	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	DP	4.1 TITLE	DV	☒ Change ☐ Addition
NAME	LEDO, REX	4.2 NAME	FELMAN, DAVE	
STREET ADDRESS	202 S PARKER ST	4.3 STREET ADDRESS	100 S. ASHLEY DRIVE, # 1800	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DV	5.1 TITLE	DP	☒ Change ☐ Addition
NAME	THOMAS, GREGG	5.2 NAME	THOMAS, GREGG	
STREET ADDRESS	400 N ASHLEY #2300	5.3 STREET ADDRESS	400 N. ASHLEY DRIVE # 2300	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DT	6.1 TITLE	DT	☒ Change ☐ Addition
NAME	NCADANS, ANDREW J	6.2 NAME	MITCHELL, NANCY	
STREET ADDRESS	101 KENNE DR, SUITE 1500	6.3 STREET ADDRESS	400 N. ASHLEY DRIVE # 2675	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	TAMPA FL 33602	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 2/1/95 813-227-6616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083286