

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N28573 (6)
1. Corporation Name
TAMPA BAY BUSINESS COMMITTEE FOR THE ARTS, INC.



Principal Place of Business
**400 N ASHLEY DR
1950
TAMPA FL 33602
US**

Mailing Address
**P O BOX 559
P.O. BOX 559
TAMPA FL 33601
US**

3. Date Incorporated or Qualified
09/28/1988

3a. Date of Last Report
02/13/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2948216	Applied For Not Applicable
21	26	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	6. Election Campaign Financing Trust Fund Contribution
22	27	23	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	24	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Zip	Country	25	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FREEMAN, SUSAN 400 N. ASHLEY DRIVE SUITE 1950 TAMPA FL 33601		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: *Susan Freeman*, **EXECUTIVE DIRECTOR** **1/22/96**
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YADLEY, GREGORY C	1.2 NAME	PETER ZINOBER
STREET ADDRESS	101 E. KENNEDY #2500	1.3 STREET ADDRESS	201 EAST KENNEDY BLVD, #1750
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA FL 33602
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, LANE	2.2 NAME	REBEKAH HEPPNER
STREET ADDRESS	110 W COLUMBUS DR	2.3 STREET ADDRESS	3001 N ROCKY POINT DRIVE, #160
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA FL 33607
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KESSEL, ROGER	3.2 NAME	ROGER WOODWARD
STREET ADDRESS	702 N. FRANKLIN	3.3 STREET ADDRESS	101 EAST KENNEDY BLVD
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA FL 33602
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELMAN, DAVE	4.2 NAME	
STREET ADDRESS	100 S ASHLEY DRIVE #1300	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, GREGG	5.2 NAME	
STREET ADDRESS	400 N ASHLEY DRIVE #2300	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, NANCY	6.2 NAME	NANCY MITCHELL
STREET ADDRESS	400 N ASHLEY DRIVE #2675	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

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: *Nancy E. Mitchell, Treasurer* **1/16/96** **813-221-2787**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
NANCY E. MITCHELL

CR2E037 (12/95)