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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33601-0559 US
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2. Principal Place of Business 21 400 North Tampa Street Suite, Apt. #, etc. 22 Suite 3400 City & State 23 Tampa, FL Zip 24 33602 Country 25 U.S.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 09/28/1988	3a. Date of Last Report 01/29/1996
4. FEI Number 59-2948216	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FREEMAN, SUSAN 400 N. ASHLEY DRIVE SUITE 1950 TAMPA FL 33601	
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10. Name and Address of New Registered Agent 81 Name Frances Rudolph 82 Street Address (P.O. Box Number is Not Acceptable) 400 North Tampa Street 83 Suite 3400 84 City Tampa FL 85 Zip Code 33602	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DV	<input type="checkbox"/> DELETE	1.1 TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ZINOBER, PETER		1.2 NAME BLANK, STACY	
STREET ADDRESS 201 E. KENNEDY BLD. #1750		1.3 STREET ADDRESS 400 NORTH ASHLEY ST., SUITE 2300	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP TAMPA, FLORIDA 33602	
TITLE DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEPPNER, REBEKAH		2.2 NAME	
STREET ADDRESS 3001 N. ROCKY POINT DR. #160		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP	
TITLE DV	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOODWARD, ROGER		3.2 NAME	
STREET ADDRESS 101 E. KENNEDY BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	4.1 TITLE	<input 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 D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input 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 DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MITCHELL, NANCY		6.2 NAME Mitchell, Nancy	
STREET ADDRESS 400 N ASHLEY DRIVE #2675		6.3 STREET ADDRESS 4818 Gandy Boulevard	
CITY-ST-ZIP TAMPA FL		6.4 CITY-ST-ZIP Tampa, Florida	

14. I do 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

CR2E037 (9/96)