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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 SUITE 3400 TAMPA FL 33602 US	Mailing Address P O BOX 559 P.O. BOX 559 TAMPA FL 33601 US
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3. Date incorporated or Qualified 09/28/1988	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-2948216		

2. Principal Place of Business 21 400 N. Tampa St. Suite, Apt. #, etc. 22 Suite 1060 City & State 23 Tampa, FL Zip 24 33602 Country 25	2a. Mailing Address 26 same as above Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RUDOLPH, FRANCES
400 N. ASHLEY DRIVE
SUITE 3400
TAMPA FL 33602**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DV <input type="checkbox"/> DELETE
NAME	ZINOBER, PETER
STREET ADDRESS	201 E. KENNEDY BLD. #1750
CITY-ST-ZIP	TAMPA FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	HEPPNER, REBEKAH
STREET ADDRESS	3001 N. ROCKY POINT DR. #160
CITY-ST-ZIP	TAMPA FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	BLANK, STACY
STREET ADDRESS	400 NORTH ASHLEY ST., SUITE 2300
CITY-ST-ZIP	TAMPA FL 33602
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	FELMAN, DAVE
STREET ADDRESS	100 S ASHLEY DRIVE #1300
CITY-ST-ZIP	TAMPA FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	MITCHELL, NANCY
STREET ADDRESS	4818 HANDY BOULEVARD
CITY-ST-ZIP	TAMPA FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, NANCY
STREET ADDRESS	400 N ASHLEY DRIVE #2675
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mitchell, Nancy
5.3 STREET ADDRESS	101 E. Kennedy Blvd., Suite 2200
5.4 CITY-ST-ZIP	Tampa, FL 33602
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Vice President Ruth Barnes Kinsolving
6.3 STREET ADDRESS	P.O. Box 3239
6.4 CITY-ST-ZIP	Tampa, FL 33601-3239

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.

SIGNATURE: **FRANCIS G. RUDOLPH** Date: **4/9/98** (813)221-2787

CR2E037 (10/97)