

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortherm</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

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



Principal Place of Business <b>400 N ASHLEY DR SUITE 3400 TAMPA FL 33602 US</b>	Mailing Address <b>P O BOX 559 P.O. BOX 559 TAMPA FL 33601 US</b>
--	--

2. Principal Place of Business <b>21 400 N. Tampa St.</b>	2a. Mailing Address <b>26 same as above</b>
Suite, Apt. #, etc. <b>22 Suite 1060</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Tampa, FL</b>	City & State <b>28</b>
Zip <b>24 33602</b>	Country <b>25</b>
Country <b>25</b>	Country <b>29</b>

3. Date incorporated or Qualified <b>09/28/1988</b>	
4. FEI Number <b>59-2948216</b>	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>RUDOLPH, FRANCES 400 N. ASHLEY DRIVE SUITE 3400 TAMPA FL 33602</b>	
--	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	<input type="checkbox"/> DELETE
NAME	<b>DV ZINOBER, PETER</b>
STREET ADDRESS	<b>201 E. KENNEDY BLD. #1750</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DS HEPPNER, REBEKAH</b>
STREET ADDRESS	<b>3001 N. ROCKY POINT DR. #160</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DV BLANK, STACY</b>
STREET ADDRESS	<b>400 NORTH ASHLEY ST., SUITE 2300</b>
CITY-ST-ZIP	<b>TAMPA FL 33602</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>DP FELMAN, DAVE</b>
STREET ADDRESS	<b>100 S ASHLEY DRIVE #1300</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DT MITCHELL, NANCY</b>
STREET ADDRESS	<b>4818 HANDY BOULEVARD</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>DT MITCHELL, NANCY</b>
STREET ADDRESS	<b>400 N ASHLEY DRIVE #2675</b>
CITY-ST-ZIP	<b>TAMPA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>President</b> <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	<b>Mitchell, Nancy</b>
5.3 STREET ADDRESS	<b>101 E. Kennedy Blvd., Suite 2200</b>
5.4 CITY-ST-ZIP	<b>Tampa, FL 33602</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Vice President Ruth Barnes Kinsolving</b>
6.3 STREET ADDRESS	<b>P.O. Box 3239</b>
6.4 CITY-ST-ZIP	<b>Tampa, FL 33601-3239</b>

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: **Frances G. Rudolph** 4/9/98 (813)221-2787

CR2E037 (10/97)