


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90056 037 ****61.25

DOCUMENT # N28573

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



Principal Place of Business
 400 N TAMPA ST
 1140
 TAMPA, FL 33602 US

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

40001000



2. Principal Place of Business - No P.O. Box #
633 N. FRANKLIN ST.

3. Mailing Address
P.O. BOX 559

Suite, Apt. #, etc.
735

Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33602

Country
U.S.A

Zip
33601

Country
USA

01162007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2948216

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHAVEZ, MELINDA N
400 N TAMPA ST
SUITE 1140
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
MELINDA CHAVEZ

Street Address (P.O. Box Number is Not Acceptable)
633 N. FRANKLIN ST.

SUITE 735

City
TAMPA

FL Zip Code
33602

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Melinda N. Chavez, Melinda N. Chavez, Executive Director 4/4/07
Signature, typed or printed name of registered agent if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP/DV	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCCINO, LOUIS		NAME	CHRISTOPHER RON	
STREET ADDRESS	3800 CITIBANK CENTER A3-05		STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 1400	
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP	Tampa, FL 33602	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REID, HANEY		NAME	BUCCINO, LOUIS	
STREET ADDRESS	101 E KENNEDY BLVD, # 4100		STREET ADDRESS	3800 Citibank Center A3-05	
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP	Tampa, FL 33610	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANK, STACY		NAME		
STREET ADDRESS	100 N TAMPA ST, # 4100		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, CYNTHIA		NAME		
STREET ADDRESS	201 E KENNEDY BLVD, SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, NANCY		NAME		
STREET ADDRESS	101 E KENNEDY BLVD #2200		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPPER, KEVIN		NAME		
STREET ADDRESS	4221 W BOYSCOUT BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melinda N. Chavez, Melinda N. Chavez 4/4/07 813-221-2787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #