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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 8:28

DOCUMENT # **N36996** (9)

1. Corporation Name

AMERICAN FEDERATION OF MUSICIANS TAMPA BAY, LOCAL 427-721, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5175 ULMERTON ROAD
CLEARWATER FL 34620
US

P.O. BOX 12333
ST. PETERSBURG FL 33733
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/09/1990** 3a. Date of Last Report **03/16/1994**

4. FEI Number **59-0371362** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'CONNOR PAUL R.
4388-50TH PLACE SOUTH
ST. PETERSBURG FL 33711

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	STEWART, SUE M
STREET ADDRESS	5008 W. LONGFELLOW AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	BANNON, JOHN
STREET ADDRESS	6401-23RD LANE, N.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	POWELL, WARREN H
STREET ADDRESS	1344-35TH AVENUE, N.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	JENNINGS, VANCE S
STREET ADDRESS	6228 SOARING AVE
CITY - ST - ZIP	TEMPLE TERR FL
TITLE	D
NAME	WAGSTAFF, DANIEL W
STREET ADDRESS	6318-18TH AVE. N.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	ROMANSKI, ROBERT S
STREET ADDRESS	16057 TAMPA PALMS BLVD W, STE 277
CITY - ST - ZIP	TAMPA FL

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIEBERN, ROBERT
1.3 STREET ADDRESS	9938 39th Way
1.4 CITY - ST - ZIP	Pinellas Pk, FL 34666
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	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RICE, CHARLES A.
4.3 STREET ADDRESS	11780 110th Ter N
4.4 CITY - ST - ZIP	Largo, FL 34648
5.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SPARROW, RICHARD
5.3 STREET ADDRESS	1219 E Broad St.
5.4 CITY - ST - ZIP	Tampa, FL 33604
6.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	O'CONNOR, PAUL R.
6.3 STREET ADDRESS	4388 50th Pl S
6.4 CITY - ST - ZIP	St Petersburg, FL 33711

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or by an attachment with an address.

SIGNATURE:

Paul R. O'Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Paul R. O'Connor) 4/12/95 (813)572-7977

Date

Daytime Phone #