

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N36996 (9)
1. Corporation Name
AMERICAN FEDERATION OF MUSICIANS TAMPA BAY, LOCA L 427-721, INC.



Principal Place of Business Mailing Address
5175 ULMERTON ROAD, Ste. A CLEARWATER FL 33760
P.O. BOX 12333 ST. PETERSBURG FL 33733 US

3. Date incorporated or Qualified 03/09/1990
4. FEI Number 59-0371362 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. Ste. A 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 33760 28 Country 29 Zip 30 Country

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
O'CONNOR PAUL R.
4388-50TH PLACE SOUTH
ST. PETERSBURG FL 33711

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D
NAME	SIEBERN, ROBERT	1.2 NAME	Bawel, Karl
STREET ADDRESS	9938 39TH WAY	1.3 STREET ADDRESS	2649 Peachtree Cir E
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	Clearwater, FL 33761
TITLE	D	2.1 TITLE	D
NAME	HUTCHISON, CARLISLE	2.2 NAME	Jennings, Vance
STREET ADDRESS	3403 LIGHTNER DR	2.3 STREET ADDRESS	6226 Soaring Ave
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33617
TITLE	D	3.1 TITLE	D
NAME	VERDI, J P	3.2 NAME	Menendez, Frank
STREET ADDRESS	23251 WILSHIRE DR	3.3 STREET ADDRESS	17600 Brown Rd
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	Odessa, FL 33556
TITLE	PD	4.1 TITLE	D
NAME	RICE, CHARLES A.	4.2 NAME	Thomas, Alan
STREET ADDRESS	11780 110TH TER N.	4.3 STREET ADDRESS	5306 Central Ave
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	Tampa, FL 33603
TITLE	D	5.1 TITLE	D
NAME	HENDERSON, JOHN	5.2 NAME	Vinas, Robert
STREET ADDRESS	2322 INDIGO DR	5.3 STREET ADDRESS	5230 72nd Ave N
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE	STD	6.1 TITLE	
NAME	O'CONNOR, PAUL R	6.2 NAME	
STREET ADDRESS	4388 50TH PL S.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

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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: *Paul R. Connor* 2-5-98 (813) 572-7977

CR2E037 (10/97)