

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90006 011 ****61.25

DOCUMENT # 731528

Corporation Name

TAMPA FESTIVAL FOLK DANCERS, INC.



Principal Place of Business

2503 PALM DR
TAMPA FL 33629

Mailing Address

2503 PALM DR
TAMPA FL 33629



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/31/1974	
City & State		City & State		4. FEI Number	
Zip		Zip		59-1608012	
Country		Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
BAIZAN, JUDITH		81 Name		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
2503 PALM DR		82 Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33629		83			
		84 City		85 Zip Code	
		FL			

I. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	POLLOCK, ANDREW	1.2 NAME	
REET ADDRESS	6104 WEBB RD #1102	1.3 STREET ADDRESS	
Y-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
LE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	SANTANDER, CAROL	2.2 NAME	
REET ADDRESS	316 N MATANZAS AVE	2.3 STREET ADDRESS	
Y-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
LE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	ABRAHAMS, THERESA	3.2 NAME	
REET ADDRESS	701 W IDLEWILD	3.3 STREET ADDRESS	
Y-ST-ZIP	TAMPA FL 33604	3.4 CITY-ST-ZIP	
LE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Signature of Andrew C. Pollock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 9/3/99 Daytime Phone # (813) 882-4472

CR2E037 (5/99)