

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90059 032 ****61.25

0065906

DOCUMENT # 751367

1. Corporation Name

**SOCIETY FOR THE PRESERVATION OF VAUDEVILLE AND V
ARIETY ARTS INC.**

Principal Place of Business

1506 DESOTO AVENUE
TAMPA FL 33606
US

Mailing Address

1506 S. DESOTO AVENUE
TAMPA FL 33606
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/04/1980

4. FEI Number

59-1997432

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

9. Name and Address of Current Registered Agent

FENDA, PATRICIA
4612 LOWELL AVE
TAMPA FL 33629

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

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

TITLE CVD ☐ DELETE

NAME LIPPE, STEWART
STREET ADDRESS 1506 S. DE SOTO
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☐ Change ☐ Addition

NAME LIPPE, STEWART

1.2 NAME

STREET ADDRESS 1506 S. DE SOTO

1.3 STREET ADDRESS

CITY-ST-ZIP TAMPA FL

1.4 CITY-ST-ZIP

TITLE CPD ☐ DELETE

NAME WILBORN, PAUL
STREET ADDRESS 4612 LOWELL AVE
CITY-ST-ZIP TAMPA, FL 00000

2.1 TITLE ☐ Change ☐ Addition

NAME WILBORN, PAUL

2.2 NAME

STREET ADDRESS 4612 LOWELL AVE

2.3 STREET ADDRESS

CITY-ST-ZIP TAMPA, FL 00000

2.4 CITY-ST-ZIP

TITLE CTD ☐ DELETE

NAME FISCUS, MELISSA
STREET ADDRESS 4313 EL PRADO BLVD
CITY-ST-ZIP TAMPA FL

3.1 TITLE ☐ Change ☐ Addition

NAME FISCUS, MELISSA

3.2 NAME

STREET ADDRESS 4313 EL PRADO BLVD

3.3 STREET ADDRESS

CITY-ST-ZIP TAMPA FL

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.5 TITLE ☐ Change ☐ Addition

NAME

6.6 NAME

STREET ADDRESS

6.7 STREET ADDRESS

CITY-ST-ZIP

6.8 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)