

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754261

FILED
Apr 08, 2008
Secretary of State

Entity Name: TAMPA BAY PERFORMING ARTS CENTER, INC.

Current Principal Place of Business:

1010 NORTH MACINNES PLACE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

1010 NORTH MACINNES PLACE
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-2037085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGBEE, ALAN
100 S ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

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.

SIGNATURE: BARBARA BURKE

04/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SILBIGER, MARTIN
Address: 1827 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33606

Title: VCD () Delete
Name: URETTE, MICHEAL
Address: 532 RIVERIA DRIVE
City-St-Zip: TAMPA, FL 33606

Title: VCD () Delete
Name: MARSHALL, GENE
Address: 3799 WELLINGTON PKWY
City-St-Zip: PALM HARBOR, FL 34685

Title: SD () Delete
Name: RUDOLPH, FRANCI G
Address: 4911 BAYWAY PL
City-St-Zip: TAMPA, FL 33609

Title: TD () Delete
Name: FAGAN, ROBERT D
Address: 1009 TARAY DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: P () Delete
Name: LISI, JUDITH
Address: 1010 N.W. MACINNES PLACE
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY BETH ROSSI

CFO

04/08/2008

Electronic Signature of Signing Officer or Director

Date