

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008138

FILED
Apr 20, 2006
Secretary of State

Entity Name: FRIENDS OF TAMPA PUBLIC ART FOUNDATION, INC.

Current Principal Place of Business:

101 EAST KENNEDY BLVD., SUITE 2800
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

PO BOX 2912
TAMPA, FL 33602

New Mailing Address:

PO BOX 2912
TAMPA, FL 33601

FEI Number: 04-3624363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YADLEY, GREGORY C ESQ.
101 EAST KENNEDY BLVD., SUITE 2800
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FUTRELL BURMER, JANE
Address: 7650 WEST COURTNEY CAMBELL CAUSEWAY
City-St-Zip: TAMPA, FL 336071462

Title: D () Delete
Name: ESQUIVEL, JULIO
Address: 101 E. KENNEDY BLVD., SUITE 2800
City-St-Zip: TAMPA, FL 33602

Title: DT () Delete
Name: CHAVEZ, MELINDA
Address: 400 N. TAMPA STREET, SUITE 1140
City-St-Zip: TAMPA, FL 33602

Title: DP () Delete
Name: OSTERWEIL, LESLIE
Address: 120 MARTINAUE AVE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: JACOB, MICKEY
Address: 655 NORTH FRANKLIN STREET, SUITE 150
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: CIAMPORCERO, ALAN F
Address: 201 N. FRANKLIN, 37TH FLOOR
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: DP (X) Change () Addition
Name: OSTERWEIL, LESLIE
Address: 120 MARTINIQUE AVE
City-St-Zip: TAMPA, FL 33606

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 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: MELINDA CHAVEZ

DT

04/20/2006

Electronic Signature of Signing Officer or Director

Date