FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:27

DOCUMENT # N04580 (9)

1. Corporation Name

BAYFRONT CENTER ADVISORY COUNCIL & FOUNDATION, I NC.

Principal Place of Business	Mailing Address
400 1ST STREET SOUTH 100 2ND AVE S., SUITE 701 ST PETERSBURG FL 33701 US	400 1ST STREET SOUTH 100 2ND AVE S., SUITE 701 ST PETERSBURG FL 33701 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 08/07/1984
3a. Date of Last Report: 05/11/1994
4. FEI Number: 59-2446773 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BALLARD, WILLIAM C.
100 SECOND AVE.,S.#701
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: ANDREW P. CORTY
82 Street Address (P.O. Box Number is Not Acceptable): 400 1ST STREET SOUTH
83: ST
84 City: ST. PETERSBURG FL 85 Zip Code: 33701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Andrew P. Corty — Jan 30, 1995
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	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	FARRELL, M. TIMOTHY	1.2 NAME		
STREET ADDRESS	4220 MEADOWHILL DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, MARY WYATT	2.2 NAME		
STREET ADDRESS	4001 ALABAMA AVE NE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	PD	☑ Change ☐ Addition
NAME	CORTY, ANDREW W.	3.2 NAME		
STREET ADDRESS	242 RAPHAEL BLVD NE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	D	☑ Change ☐ Addition
NAME	EVANS, HAZEL TALLEY	4.2 NAME		
STREET ADDRESS	1146 41ST AVE NE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	VD	☑ Change ☐ Addition
NAME	KING, MALCOM C	5.2 NAME		
STREET ADDRESS	662 7TH AVE N	5.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE	D	☑ Change ☐ Addition
NAME	SACKETT, ANN	6.2 NAME		
STREET ADDRESS	2500 DRIFTWOOD RD SE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Andrew P. Corty — Jan 30, 1995 — 813/892-5207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014484