NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # NO4580

(9)

BAYFRONT CENTER ADVISORY COUNCIL & FOUNDATION, I

140.									
Principal Place	of Business	Mailing Address				A TABLIFFAL AND A BUILD BUILD FRANCISCO	MARI MINIT MINIT MENII	DIBIN BIBIN BUBIN IDBA	
400 1ST STRI	EET SOUTH	400 1ST STREET SOUTH							
	S., SUITE 701		100 2ND AVE S., SUITE 701						
ST PETERSBU	JRG FL 33701	ST PETERSBURG FL 3370	H		3. Da	te Incorporated or Qualified	3a. Date of L	ast Report	
US		US				08/07/1984		7/1995	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI	Number	_ '	Applied For	
21		26				59-2446773 Not Applic			
Suite, Apt #	♯, etc.	Suite, Apt. #, etc.			5 . Ce	rtificate of Status Desired	100	.75 Additional	
22		27						ee Required	
City & State		City & State				ction Campaign Financing	\$5.00 May Be Added to Fees		
23 Zip	Country	28 7in 1	Zip Country			st Fund Contribution	^		
24	25 29 30			Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No					
	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
		•	81	Name					
CORTY, ANDREW P.				82 Street Address (P.O. Box Number is Not Acceptable)					
400 1ST		On our randous				·			
ST. PETI	ERSBURG FL 33701		83	1					
			84	City			—. 85	Zip Code	
	· · · · · ·						┡┖		
11. Pursuant t or register	o the provisions of Sections 617.050 ed agent, or both, in the State of Flor	2 and 617.1508, Florida Statutes, ida. Such change was authorized	the above- by the corr	named co poration's	orporation subn board of direct	nits this statement for the purpors. I hereby accept the appo	pose of changing pintment as registe	its registered office ered agent. I am	
familiar wit	ed agent, or both, in the State of Flor h, and accept the obligations of Sec	tion 617.050 E. Florida Statutes.		100		,	-		
SIGNATURE _	Juan	any	1126				DATE		
12.	Signature, typed or printed name of registered agen OFFICERS, AN	ND DIRECTORS (NOTE	13.	int signature r	required when reinstar Afti	mgi DITIONS/CHANGES TO OFFI		CTORS IN 12	
TIFLE	TD	DELETE	11 TITLE		TD		Char		
NAME	FARRELL, M. TIMOTHY		1.2 NAME		Zink.	Brvan ·			
STREET ADDRESS	4220 MEADOWHILL DR		13 STREET ADDRESS		100 Se	cond Avenue	South		
CITY-ST-ZIP	TAMPA FL		1.4 CITY	ST-ZIP	St. Pe	tersburg, FL	33701		
TIFLE	D	₩ DELETE	2 1 TITLE		D		Cha:	nge 🙀 Addition	
NAME	ALLEN, MARY WYATT		22 NAME			pie, James R		_	
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,		2 3 STREE	1 ADDRESS	1726 Serpentine Drive South St. Petersburg, FL 33712				
CITY-ST-ZIP	ST. PETERSBURG FL		2 4 CITY-	ST-ZIP	St. Pe	tersburg, FL			
TITLE	PD	DEFELE	3 1 TITLE				Chai	nge	
NAME	CORTY, ANDREW W.		3 2 NAME						
STREET ADDRESS	242 RAPHAEL BLVD NE			T ADDRESS					
CITY - ST - ZIP	ST. PETERSBURG FL	□ DELETE	34 CITY	ST-ZIP			☐ Cha	nge Addition	
TITLE	D EVANG MAZEL TALLEV		4.1 TITLE 4.2 NAME					.8° F1 Modified)	
NAME etiocet anobere	EVANS, HAZEL TALLEY 1146 41ST AVE NE			T ADDRESS					
STREET ADDRESS	ST. PETERSBURG FL		4.4 CITY -						
CITY+SI-ZIP TITLE	VD	DELETE	5.1 TITLE	31-21			☐ Cha	nge 🔲 Addition	
NAME	KING, MALCOM C		5.2 NAME						
STREET ADDRESS	662 7TH AVE N			I ADDRESS					
CITY-ST-ZIP	TIERRA VERDE FL		5.4 CITY -						
TITLE	D	DELETE	6 1 TITLE		D		☐ Chai	nge 🔯 Addition	
NAME	SACKETT, ANN		6 2 NAME		Benne	tt, Lennie			
STREET ADDRESS	2500 DRIFTWOOD RD SE		6 3 STREE	T ADDRESS		elleair Drive	e NE		
CITY-ST-ZIP	ST. PETERSBURG FL		6 4 CITY -		St. P	etersburg, Fl	L 33704		
14. I do hereb	y certify that the information supplied the information indicated on this and	l with this filing is voluntarily furnish	ned and doe	es not qua	alify for the exer	mption stated in Section 119. It my signature shall have the	07(3)(k), Florida S same legal effect	tatutes. I further as if made under	
oath; that	I am an officer or director of the corp	oration or the k eceiver or trustee ϵ	empowered	to execu	te this report as	required by Chapter 617, Flo	orida Statutes; an	d that my name	
appears in Block 12 or Block 13 if changed, or on an attachinent with an address									

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/98

813-893-8111

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Daytime Phone #

CR2E037 (12/95)