FILE NOW: FILING FEE IS $61.25

FILED
May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N04580 (9)

1. Corporation Name

MAHAFFEY THEATER FOUNDATION AT THE BAYFRONT CENTER, INC.

Principal Place of Business	Mailing Address
400 1ST STREET SOUTH ST PETERSBURG FL 33701 US	400 1ST STREET SOUTH ST PETERSBURG FL 33701-4346 US

3. Date Incorporated or Qualified: 08/07/1984
3a. Date of Last Report: 01/31/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

CORTY, ANDREW P.
400 1ST STREET SOUTH
ST. PETERSBURG FL 33701

10. **Name and Address of New Registered Agent**

81 Name: Malcom C King
82 Street Address (P.O. Box Number is Not Acceptable): 662 7th Ave N.
83: Terra Verde, FL
84 City: ST Petersburg **FL** 85 Zip Code: 33701

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: Malcolm C King
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	☒ DELETE	1.1 TITLE	Treasurer/Director	☐ Change ☒ Addition
NAME	ZINK, BRYAN		1.2 NAME	Troy Kimbrough-Naser, CPA	
STREET ADDRESS	100 2ND AVE. S.		1.3 STREET ADDRESS	c/o Gregory, Sharen + Stuard, CPA's 100 Second Ave S	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	ST Petersburg, FL 33701	
TITLE	D	☐ DELETE	2.1 TITLE	First Vice President/Dir.	☒ Change ☐ Addition
NAME	GILLESPIE, JAMES R		2.2 NAME		
STREET ADDRESS	1726 SERPENTINE DR. S.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	President/Director	☐ Change ☒ Addition
NAME	CORTY, ANDREW W.		3.2 NAME	Malcolm C King	
STREET ADDRESS	242 RAPHAEL BLVD NE		3.3 STREET ADDRESS	Po Box 1731 33 Sixth St. S.	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	ST Petersburg, FL 33701	
TITLE	D	☒ DELETE	4.1 TITLE	Secretary/Director	☐ Change ☒ Addition
NAME	EVANS, HAZEL TALLEY		4.2 NAME	Carol Russell	
STREET ADDRESS	1146 41ST AVE NE		4.3 STREET ADDRESS	821 Snell Isle Blvd NE	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	ST Petersburg FL 33701	
TITLE	VD	☒ DELETE	5.1 TITLE	Second Vice President/Dir.	☐ Change ☒ Addition
NAME	KING, MALCOM C		5.2 NAME	Michael F Foley	
STREET ADDRESS	662 7TH AVE N		5.3 STREET ADDRESS	2132 Montana Ave NE	
CITY-ST-ZIP	TIERRA VERDE FL		5.4 CITY-ST-ZIP	ST Petersburg, Fl 33703	
TITLE	D	☒ DELETE	6.1 TITLE	Past President/Director	☐ Change ☒ Addition
NAME	BENNETT, LENNIE		6.2 NAME	Andrew P. Corty	
STREET ADDRESS	284 BELLEAIR DR. N.E.		6.3 STREET ADDRESS	242 Raphael Blvd NE	
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP	ST Petersburg FL 33704	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [illegible] 4/28/97 813-821-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049625