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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04580

1. Corporation Name
MAHAFFEY THEATER FOUNDATION AT THE BAYFRONT CENT ER, INC.

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
08/07/1984

4. FEI Number
59-2446773
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GILLESPIE, JAMES
1726 SERPENTINE DR S
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KIMBROUGH-~~HATER~~ HAFER, TROY C		1.2 NAME		
STREET ADDRESS	100 SECOND AE. S.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	PT	☐ DELETE	2.1 TITLE	PT	☒ 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	~~SE~~ VP	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	GREENE, MARCUS W		3.2 NAME		
STREET ADDRESS	SUNTRUST BANK 300 FIRST ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33701		3.4. CITY-ST-ZIP		
TITLE	~~SE~~ P	☐ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	RUSSELL, CAROL		4. 2 NAME		
STREET ADDRESS	821 SNELL ISLE BLVD N.E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	5.1 TITLE	VP	☐ Change ☒ Addition
NAME	~~FOLOY, MICHAEL F~~		5.2 NAME	Stephen C. Dupre	
STREET ADDRESS	~~2132 MONIANA AVE., N.E.~~		5.3 STREET ADDRESS	365 2nd St. N.	
CITY-ST-ZIP	~~TIERRA VERDE FL~~		5.4 CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	~~PT~~	☒ DELETE	6.1 TITLE	VP	☐ Change ☒ Addition
NAME	~~KING, MALCOLM~~		6.2 NAME	Robert D. Krumer	
STREET ADDRESS	~~662 7TH AVE N~~		6.3 STREET ADDRESS	1215 Dinnerbell Lane East	
CITY-ST-ZIP	~~TERRA VERDE FL 33701~~		6.4 CITY-ST-ZIP	Dunedin, FL 34698	

14. I 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, with all other like empowered.

SIGNATURE: ~~SIGNATURE~~ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)