

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90328 020 \*\*\*\*61.25

**DOCUMENT # N04580**

1. Entity Name

**MAHAFFEY THEATER FOUNDATION AT THE BAYFRONT  
CENTER, INC.**



Principal Place of Business

**400 1ST STREET SOUTH  
ST PETERSBURG FL 33701  
US**

Mailing Address

**400 1ST STREET SOUTH  
ST PETERSBURG FL 33701  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**59-2446773**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAYES-REDDICK, WANDA  
8614 COBBLER PLACE  
TAMPA FL 36153**

Name **Eduardo Camejo**

Street Address (P.O. Box Number is Not Acceptable)

**1725 Beach Drive NE**

City **St. Petersburg**

**FL**

Zip Code

**33704**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

*Eduardo Camejo, President/Trustee*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/04**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **FVP**  
STREET ADDRESS **WASTART, BARBARA**  
CITY-ST-ZIP **4163 48TH AVE S  
ST PETERSBURG FL 33711**

TITLE ☐ Change ☒ Addition  
NAME **FVPT**  
STREET ADDRESS **Robert D. Morehead**  
CITY-ST-ZIP **4481 Bacopa Lane S.  
St. Petersburg, FL 33715**

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **LUCAS, VICTOR**  
CITY-ST-ZIP **8614 COBBLER PLACE  
TAMPA FL 33615**

TITLE ☐ Change ☒ Addition  
NAME **2VPT**  
STREET ADDRESS **Michael A. Brown**  
CITY-ST-ZIP **15843 Redington Drive  
Redington Beach, FL 33708**

TITLE ☒ Delete  
NAME **ST**  
STREET ADDRESS **FEINBERG, HELEN**  
CITY-ST-ZIP **6145 52ND STREET S  
ST PETERSBURG FL 33715**

TITLE ☐ Change ☒ Addition  
NAME **ST**  
STREET ADDRESS **Susan L. Henry**  
CITY-ST-ZIP **2506 Rocky Pointe #337.  
Tampa, FL 33607**

TITLE ☐ Delete  
NAME **PT**  
STREET ADDRESS **HAYES-RIDDICK, WANDIA**  
CITY-ST-ZIP **960 WATER LILY COURT NE  
ST. PETERSBURG FL 33703**

TITLE ☒ Change ☐ Addition  
NAME **T**  
STREET ADDRESS   
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **2VPT**  
STREET ADDRESS **CAMEJO, EDUARDO**  
CITY-ST-ZIP **1725 BEACH DRIVE NE  
ST PETERSBURG FL 33704**

TITLE ☒ Change ☐ Addition  
NAME **PT**  
STREET ADDRESS   
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **PT**  
STREET ADDRESS **HELLER, WILLIAM**  
CITY-ST-ZIP **8614 COBBLER PLACE  
TAMPA FL 33615**

TITLE ☐ Change ☒ Addition  
NAME **TT**  
STREET ADDRESS **Robert Burns**  
CITY-ST-ZIP **200 Central Ave. #1300  
St. Petersburg FL 33701**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/04 (727)892-5710**  
Date Daytime Phone #