

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90474 010 ****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		Country		02112005 Chg-NP CR2E037 (10/03)	
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 CAMEJO, EDUARDO 1725 BEACH DRIVE NE SAINT PETERSBURG, FL 33704			7. Name and Address of New Registered Agent Name <u>Robert Kapusta, Jr.</u> Street <u>Fishert & Saults, P.A.</u> <u>100 Second Ave. S. # 701</u> City <u>St. Petersburg</u> FL <u>33701</u>		
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 <u>[Signature]</u> <u>Robert Kapusta Jr. 4/26/05</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	FVT MOREHEAD, ROBERT D 4981 BACAOPA LANE S SAINT PETERSBURG, FL 33715	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVT H. William Heller 960 Water Lily Ct. NE St. Petersburg, FL 33703	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VT BROWN, MICHAEL A 15843 REDINGTON DR REDINGTON BEACH, FL 33708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HENRY, SUSAN L 2506 ROCKY POINTE # 337 TAMPA, FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYES-RIDDICK, WANO A 960 WATER LILY COURT NE ST. PETERSBURG, FL 33703	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Robert Kapusta, Jr. 1410 45th Avenue N. St. Petersburg, FL 33703	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CAMEJO, EDUARDO 1725 BEACH DRIVE NE ST PETERSBURG, FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Camejo, Eduardo	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT BURNS, ROBERT 200 CENTRAL AVE # 1300 SAINT PETERSBURG, FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. 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 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: <u>[Signature]</u> <u>Robert Kapusta, Jr. 4/26/05</u> <u>721-822-2033</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					