



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90190 036 ****61.25

DOCUMENT # N04580 1. Entity Name MAHAFFEY PERFORMING ARTS FOUNDATION, INC.					
Principal Place of Business 400 1ST STREET SOUTH ST PETERSBURG, FL 33701 US			Mailing Address P.O. BOX 353 SAINT PETERSBURG, FL 33731 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2446773				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAPUSTA, ROBERT JR 100 SECOND AVE S. #701 SAINT PETERSBURG, FL 33704			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TT FREEBURG, RICHARD 1 BEACH DR SE #810 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVT HELLER, H. WILLIAM 980 WATER LILY CT. NE SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, MIRELLA C 600 55TH AVE SAINT PETERSBURG, FL 33706	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KAPUSTA, ROBERT JR 1410 45TH AVENUE N ST. PETERSBURG, FL 33703	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMEJO, EDUARDO 1725 BEACH DRIVE NE ST PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VT BURNS, ROBERT 200 CENTRAL AVE # 1300 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Doyle McClendon 555 Fifth Ave., NE #1232 St. Petersburg, FL 33701				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 					
_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
_____ <small>Date</small>					
_____ <small>Daytime Phone #</small>					