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.	
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MAHAFFI	EY PERFORMING ARTS FO	OUNDATION, INC.							
Principal Plac 400 1ST STR ST PETERSBI		Mailing Address P.O. BOX 353 SAINT PETERSBURG, FL	L 3373	1 US		1611 A 1660 A 0110 A 1601 A 01		DIER FIER DE	40 A BO
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		04192007	Chg-NP	CR2E037	(12/06)	
City & State	e	City & State			4. FEI Number 59-2446				plied For t Applicable
Zip	Country	Zip	Cou	intry	5. Certificate of	of Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Ag	gent	
KAPUSTA	, ROBERT JR			Name					
100 SECO #701	ND AVE S.			Street Address	(P.O. Box Numbe	r is Not Acceptabl	e)		
SAINT PE	TERSBURG, FL 33704				······································			· · · · · · · · · · · · · · · · · · ·	
				City			FL	Zip Cod	
8. The above the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its	registere	ed office or registe	ered agent, or both	n, in the State of Fl	orida. I am fa	miliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	d Agent signature require	red when reinstating)		DATE	·-···	
SIGNATURE .	Superium, speed or printed name of registered agent. Filling Pee is \$61.25 Due by May 1, 2007	9. Election Can Trust Fund C	npaign F	inancing	\$5.00 May Be Added to Fees	• [DATE flake check (rida Departn		
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indicated on this report of supplied with rins filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of suppliemental 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 reverser pritrustee 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 tike empowered.

SIGNATURE: