
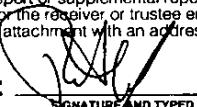


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90082 042 \*\*\*\*61.25

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # N04580</b><br>1. Entity Name<br><b>MAHAFFEY THEATER FOUNDATION, INC.</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>400 1ST STREET SOUTH</b><br><b>ST PETERSBURG, FL 33701 US</b>  |  |   | Mailing Address<br><b>P.O. BOX 353</b><br><b>SAINT PETERSBURG, FL 33731 US</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country       |  |  |
|  |  |   | 04162008 Chg-NP CR2E037 (12/06)  |  | 4. FEI Number<br><b>59-2446773</b>   |
|  |  |   | 5. Certificate of Status Desired <input type="checkbox"/>                      |  | Applied For<br>Not Applicable  |
|  |  |   | <b>\$8.75 Additional Fee Required</b>  |  |  |
| 6. Name and Address of Current Registered Agent<br><b>KAPUSTA, ROBERT JR</b><br><b>100 SECOND AVE S.</b><br><b>#701</b><br><b>SAINT PETERSBURG, FL 33704</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
|  |  | <b>Make check payable to</b><br><b>Florida Department of State</b>                  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TT<br>FREEBURG, RICHARD<br>1 BEACH DR SE #810<br>SAINT PETERSBURG, FL 33701      | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | FVT<br>HELLER, H. WILLIAM<br>960 WATER LILY CT. NE<br>SAINT PETERSBURG, FL 33703 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>SMITH, MIRELLA C<br>600 55TH AVE<br>SAINT PETERSBURG, FL 33706             | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PT<br>KAPUSTA, ROBERT JR<br>1410 45TH AVENUE N<br>ST. PETERSBURG, FL 33703       | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>MCCLENDON, DOYLE<br>555 FIFTH AVE NE 1232<br>SAINT PETERSBURG, FL 33701     | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 2VT<br>BURNS, ROBERT<br>200 CENTRAL AVE # 1300<br>SAINT PETERSBURG, FL 33701     | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input 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. |  |   |  |  |  |
| <b>SIGNATURE:</b>   |  |   |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   | Date <b>4/18/2008</b>  |  | Daytime Phone # <b>727-822-2033</b>  |