

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N10532 (2)**  
1. Corporation Name  
**ZIGFIELD FOUNDATION FOR THE PERFORMING ARTS, INC**



Principal Place of Business: 3701-E OSBORNE, P.O. BOX 310335, TAMPA FL 33610-6649  
Mailing Address: 3701-E OSBORNE, P.O. BOX 310335, TAMPA FL 33610-6649

3. Date Incorporated or Qualified: 08/01/1985  
3a. Date of Last Report: 06/14/1995

2. Principal Place of Business: 21 3108 N. JEFFERSON, Suite, Apt. #, etc.  
22 City & State: TAMPA, FL  
23 Zip: 33680  
24 Country: Hillsborough  
25  
26 2a. Mailing Address: P.O. Box 310335  
27 Suite, Apt. #, etc.  
28 City & State: TAMPA, FL  
29 Zip: 33680  
30 Country: Hillsborough

4. FEI Number: 59-2618298  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
NURSE, CAMERON Z. (AKA RON ZIGFIELD)  
3701 EAST OSBORNE AVENUE  
TAMPA FL 33610

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: TAMPA  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NURSE, CAMERON Z	1.2 NAME	
STREET ADDRESS	3701 E. OSBORNE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CYNTHIA	2.2 NAME	
STREET ADDRESS	4402 25TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33605	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, GLORIA	3.2 NAME	
STREET ADDRESS	3914 E. JEAN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cameron Z. Nurse, CAMERON NURSE (AKA) RON ZIGFIELD #264  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: (8/13) 2374316 Daytime Phone #

CR2E037 (12/95)