

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N10532 (2)**  
1. Corporation Name  
**ZIGFIELD FOUNDATION FOR THE PERFORMING ARTS, INC**



Principal Place of Business <b>3701-E OSBORNE P.O. BOX 310335 TAMPA FL 33610-6649</b>	Mailing Address <b>3701-E OSBORNE P.O. BOX 310335 TAMPA FL 33610-6649</b>
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3. Date Incorporated or Qualified <b>08/01/1985</b>		3a. Date of Last Report <b>05/01/1996</b>	
2. Principal Place of Business		4. FEI Number <b>59-2618298</b>	
21. Suite, Apt. #, etc.		Applied For Not Applicable	
22. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>NURSE, CAMERON Z. (AKA RON ZIGFIELD) 3701 EAST OSBORNE AVENUE TAMPA FL 33610</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City <b>FL</b> 85. Zip Code			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 checked="" 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 checked="" 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 checked="" 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	

*Handwritten notes in Block 13:*  
 TD BRANDA WALDEN  
 7011 WHITFIELD  
 TAMPA FL 33610  
 900002125229  
 -03/26/97--01112--022  
 \*\*\*70.00

14. I do 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 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.

CR2E037 (9/96)