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**Sep 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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 Mailing Address  
**3701-E OSBORNE P.O. BOX 310335 TAMPA FL 33610-6649**

3. Date Incorporated or Qualified  
**08/01/1985**

4. FEI Number  
**59-2618298**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc 28 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

10. Name and Address of New Registered Agent

81 Name  
**Ron Zigfield**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1208 E. Palifox St.**

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84 City **Tampa** 85 Zip Code **FL 33603**

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 Signature, typed or printed name of registered agent and the filer if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NURSE, CAMERON Z	
STREET ADDRESS	3701 E. OSBORNE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, CYNTHIA	
STREET ADDRESS	4402 25TH AVE.	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MAYS, GLORIA	
STREET ADDRESS	3914 E. JEAN ST.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WYNN, ERNESTINE	
STREET ADDRESS	4202 25TH AVE.	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WALDEN, BRENDA	
STREET ADDRESS	7011 WHITTIER	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nurse, Geraldina	
1.3 STREET ADDRESS	3701 E. Osborne	
1.4 CITY-ST-ZIP	Tampa, FL 33610	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tracy Collins	
3.3 STREET ADDRESS	3405 E. Hanna	
3.4 CITY-ST-ZIP	Tampa, FL 33610	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Zigfield, Ron	
4.3 STREET ADDRESS	1208 E. Palifox St.	
4.4 CITY-ST-ZIP	Tampa, FL 33603	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HOLLAND, BEVERLY	
5.3 STREET ADDRESS	1531 W. PATTERSON	
5.4 CITY-ST-ZIP	TAMPA FL 33604	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	300002652723	
6.4 CITY-ST-ZIP	-09/30/98-01077-021	
	***70.00	

14. I 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 (10/97)

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