

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **N10532**
 1. Corporation Name

99 OCT 13 AM 9:15

ZIGFIELD FOUNDATION FOR THE PERFORMING ARTS, INC.

Principal Place of Business: **1208 E. PALIFOX ST. TAMPA, FL 33603**
 Mailing Address: **1208 E. PALIFOX ST TAMPA, FL 33603**

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	8-1-1985
23	City & State	City & State	4. FEI Number
24	Zip	Zip	59-2618298
25	Country	Country	Applied For
26			Not Applicable
27			5. Certificate of Status Desired <input checked="" type="checkbox"/>
28			\$8.75 Additional Fee Required
29			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
30			\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ZIGFIELD, RON 1208 E. PALIFOX ST TAMPA, FL 33603		81 Name	
		82 Street Address (P.O. Box Number Is Not Acceptable)	
		83	
		84 City	FL
		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, GERALDINA	1.2 NAME	
STREET ADDRESS	3701 E. OSBORNE AVE, TAMPA, FL 33610	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33610	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	2.2 NAME	100003022701--0
NAME	WYNN, ERNESTINE	2.3 STREET ADDRESS	-10/22/99--01092--002
STREET ADDRESS	1202 25TH ST, TAMPA, FL 33605	2.4 CITY-ST-ZIP	*****70.00 *****70.00
CITY-ST-ZIP	TAMPA, FL 33605	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	3.2 NAME	
NAME	ZIGFIELD, RON	3.3 STREET ADDRESS	
STREET ADDRESS	1208 E. PALIFOX ST. TAMPA, FL 33603	3.4 CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA, FL 33603	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	4.2 NAME	
NAME	HOLLAND, BEVERLY	4.3 STREET ADDRESS	
STREET ADDRESS	1531 W. PATTERSON TAMPA, FL 33604	4.4 CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA, FL 33604	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

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. 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, with all other like empowered.

SIGNATURE: **Ron Zigfield** **RON ZIGFIELD** 10-8-99
 SECRETARY Date: _____ Daytime Phone #: **(813) 237-4310**

CR2E037 (11/98)