
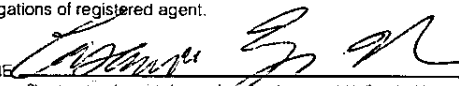



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN 17 PM 1:42

DOCUMENT # N10532					
1. Entity Name ZIGFIELD FOUNDATION FOR THE PERFORMING ARTS, INC.					
Principal Place of Business 3408 E PARIS ST TAMPA, FL 33610			Mailing Address 3408 E PARIS ST TAMPA, FL 33610		
2. Principal Place of Business		3. Mailing Address 3964 BOURBON ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TALLAHASSEE, FL		4. FEI Number 59-2618298	
Zip		Zip 32303-2035		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZIGFIELD, RON 1208 E. PALIFOX ST. TAMPA, FL 33603			Name CASANOVA Z. NURSE		
			Street Address (P.O. Box Number is Not Acceptable) 3964 BOURBON ST.		
			City TALLAHASSEE		FL Zip Code 32303-2035
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 		CASANOVA Z. NURSE PRESIDENT		DATE 17 JUNE 2004	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NURSE, CASANOVA 3701 E. OSBORNE AVE. TAMPA, FL 33610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYNN, ERNESTINE 4202 25TH ST. TAMPA, FL 33605	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HELEN YOUNG 6113 N. 23RD ST. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, HELEN 6113 N 23RD ST TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OFSCAR NURSE, SR. 9306 N. ELMER ST. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ZIGFIELD, RON 1208 E PALIFOX ST TAMPA, FL 33603	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD BEVERLY HOLLAND 1531 W. PATTERSON ST. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLTON, WILLIAMS 1202 W CYPRESS ST TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARLIAMENTARIAN/D KENWETH NURSE, JR. 2106 E. NAVAJO AVE. TAMPA, FL 33612-7040
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
400038044874 06/17/04--01039--004 **78.75					
12. 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 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.					
SIGNATURE: 		17 JUNE 2004		(813) 215-9223	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	