
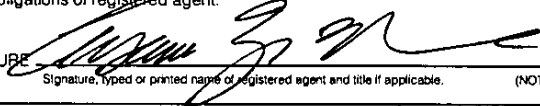
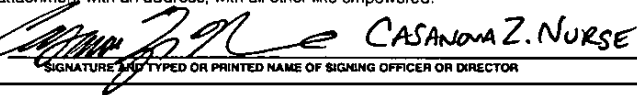


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 SEP -6 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 3964 BOURBON STREET TALLAHASSEE, FL 32303-2035 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 496 TEAL LANE Suite, Apt. #, etc.	
City & State City & State TALLAHASSEE, FL		4. FEI Number 59-2618298	
Zip Country 32308 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NURSE, CASANOVA Z 3964 BOURBON STREET TALLAHASSEE, FL 32303-2035		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 496 TEAL LANE City TALLAHASSEE FL Zip Code 32308	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 6 SEPT 05	
Filing Fee is \$61.25 Due by September 7, 2005		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 3964 BOURBON ST TALLAHASSEE, FL 323032035	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 496 TEAL LANE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNG, HELEN 6113 N 23RD STREET TAMPA, FL 33610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 800059741108 09/19/05--01048--001 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NURSE, OFSCAR SR 9306 N ELMER ST TAMPA, FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLAND, BEVERLY 1531 W PATTERSON ST TAMPA, FL 33604	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NURSE, KENNETH JR 2106 E NAVAJO AVE TAMPA, FL 336127040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 6 Eckel SEP - 0 2005
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 		Date 6 SEPT 05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CASANOVA Z. NURSE		Daytime Phone # (813) 215-9223	