## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # N2094

(2)

AL DO	WNING TAMPA BAY JAZZ	ASSOCIATION, INC.			
Principal Place of Business Mailing Address					INTE NEURI MINIE MINIE NEURI NEURI NEURI
2121 25TH ST S ST PETERSBURG FL 33712 US 2121 25TH ST S ST PETERSBURG FL 33712 US US			3. Date Incorporated or Qualified  06/03/1987  4. FEI Number	Applied For	
				59-2153957	Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address 25 Pro. Box Z	2240	5. Certificate of Status Desired	A0 75
Suite, Apt. #, etc.			Election Campaign Financing	\$5.00 May Be	
22 27 City & State City & State			Trust Fund Contribution		
= 11 =		. <del> </del>	LSBURG	7. Is this nonprofit corporation a home	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	<del></del>
24	25	29 33731-22463	0.S.A.	Personal Property Tax due June 30.	Yes Mo
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regist	ered Agent
			81 Name	ROBERT A. De	EBERN _
DOWNING, AL 2121 25TH ST S			82 Street	Address P.O. Bax Number Is Not Acceptable)	14
ST PETERSBURG FL 33712 83				77.30 37 01.	
• • • • • • • • • • • • • • • • • • • •			84 City (a		85 Zip Code
	1	/ /		WELDS MARK	FL I コスタフバク
11. Pursuant office of r	to the provisions of Sections 517,55 egistered agent, or both, in the State	02 and 617.1508, Florida Statutes e of Florida. Such change was au	the above-named thorized by the cor	corporation submits this statement for the purpoporation's board of directors. I hereby accept the	ose of changing its registered e appointment as registered
- 1	m familiar with, and accept the oblig	Jations of, Section 617.0503, Flori	da Statutes.	5	14/98
SIGNATURE	Signature (Special Avintod name of redistrict as	ent and title if applicable. (NOTE: I	Registered Agent signature	required when reinstating)	ATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	SIMS, VINCENT		1.2 NAME		
STREET ADDRESS	3800 5TH AVE S		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	DELETE	1.4 CITY-ST-ZIP		Change
TITLE	MOENCH, ROSE	☐ bereis	2.1 TITLE		Change
NAME PERFEZ ADDOCCO	7334 12TH AVE N		2.2 NAME		
STREET ADDRESS	ST PETERSBURG FL	_	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	TD	TH DELETE	3.1 TITLE	TD	aranga
NAME	DOWING, ÁLVIN J		3.2 NAME	ROBERT A. STEBERN	
STREET ADDRESS	2121 25TH ST S		3.3 STREET ADDRESS	GORP 39 WAY	
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CITY-ST-ZIP	PINCLLAS PARK, 33	782
TITLE	D	☐ DELETE	4.1 TITLE	-	Change Addition
NAME	<b>BE</b> VACQUA, MAGGI		4. 2 NAME		
STREET ADDRESS	411 FIRST AVE N APT 711		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY - ST - ZIP		
TITLE	EO CONTRACTOR OF THE PROPERTY	DELETE	5.1 TITLE		Change Addition
NAME	FOERTSCH, ANDREW		5.2 NAME		
STREET ADDRESS	125 20TH AVE S E		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	T oriere	5.4 CITY-ST-ZIP		Change     Lupate
TITLE		☐ DEL <b>E</b> TE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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; 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.

CICNATURE.

Vincent demil

5/14/98 (813) 321-2746

**FILED** 

May 22 1998 8:00am

Secretary of State