


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90075 043 ****61.25

DOCUMENT # N36996					
1. Entity Name AMERICAN FEDERATION OF MUSICIANS TAMPA BAY, LOCAL 427-721, INC.					
Principal Place of Business 5175 ULMERTON ROAD STE. A CLEARWATER FL 33760 US			Mailing Address P.O. BOX 12333 ST. PETERSBURG FL 33733 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0371362	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent O'CONNOR PAUL R. 4388-50TH PLACE SOUTH ST. PETERSBURG FL 33711				7. Name and Address of New Registered Agent Name SPARROW RICHARD Street Address (P.O. Box Number is Not Acceptable) 2827 12TH Avenue NORTH City ST PETERSBURG FL Zip Code 33713	
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 <u>RICHARD SPARROW</u> SECRETARY TREASURER 2/17/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 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	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAWEL, KARL		NAME		
STREET ADDRESS	2649 PEACHTREE CIR. E		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33761		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANSCHAIK, HAROLD		NAME		
STREET ADDRESS	720 51ST AVE. N.		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33703		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNING, VANCE		NAME		
STREET ADDRESS	6226 SOARING AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, CHARLES A.		NAME		
STREET ADDRESS	11780 110TH TER N.		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33778		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, JOHN		NAME		
STREET ADDRESS	2322 INDIGO DR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33763		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete →	TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNOR, PAUL R		NAME	SPARROW, RICHARD	
STREET ADDRESS	4388 50TH PL S.		STREET ADDRESS	2827 12TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33711		CITY-ST-ZIP	ST PETERSBURG FL 33713	
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: <u>Richard Sparrow</u> RICHARD SPARROW 2-17-05 (727) 572-7977 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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1st MOORE CR2E037 (10/04)