


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0371362	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPARROW, RICHARD
2827 12TH AVE NORTH
SAINT PETERSBURG, FL 33713

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAWEL, KARL 2649 PEACHTREE CIR. E CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANSCHAIK, HAROLD 720 51ST AVE. N. SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, VANCE 6226 SOARING AVE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICE, CHARLES A. 11780 110TH TER N. LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN DREEL, LYDIA 4951 ANDREW AVE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPARROW, RICHARD 2827 12TH AVE N SAINT PETERSBURG, FL 33713

**DO NOT WRITE
IN THIS SPACE**

U00000725043
05/03/07-80007-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Richard Sparrow* *Rubel Sun* 4-18-07 727 572-7977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____