

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N38656 (7)**

1. Corporation Name

**TAMPA BAY COMPOSERS' FORUM, INC.**



Principal Place of Business

**C/O PETER BLAUVELT  
503 LILLIAN DRIVE  
MADEIRA BEACH FL 33708**

Mailing Address

**C/O PETER BLAUVELT  
503 LILLIAN DRIVE  
MADEIRA BEACH FL 33708**

3. Date Incorporated or Qualified  
**06/14/1990**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

**21 2700 35th St. North**

2a. Mailing Address

**26 2700 35th St. North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

**23 ST. PETERSBURG, FL**

**28 ST. PETERSBURG, FL**

Zip

Country

Zip

Country

**24 33733**

**25 USA**

**29 33733**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLAUVELT, PETER  
503 LILLIAN DRIVE  
MADEIRA BEACH FL 33708**

**81 Name: VERNON TARANTO JR.  
82 Street Address (P.O. Box Number is Not Acceptable): 2700 35th St. North  
83  
84 City: St. Petersburg, FL 85 Zip Code: 33733**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Vernon Taranto Jr.* / **VERNON TARANTO JR., Pres.** **4/30/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	MANSON, DAVID	2820 CLINTO ST S	ST. PETERSBURG FL	<input type="checkbox"/>
D	EPSTEIN, JOAN	6069 4TH AVE N	ST PETERSBURG FL	<input type="checkbox"/>
D	BLAUVELT, PETER	503 LILLIAN DR	MADEIRA BEACH FL	<input type="checkbox"/>
D	BROCK, ROBERT	6260 12TH ST S	ST PETERSBURG FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*David A. Manson* **4/29/96 (813) 343-0046**  
Date Daytime Phone #

CR2E037 (12/95)