

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 9:30

DOCUMENT # N43580 (2)

1. Corporation Name

YBOR ENTERTAINMENT & ARTS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 76702
TAMPA FL 33675

P.O. BOX 76702
TAMPA FL 33675

3. Date Incorporated or Qualified
05/24/1991

3a. Date of Last Report
05/24/1994

4. FEI Number
59-3183317

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
PO BOX 76702

26 Suite, Apt. #, etc.
1612 7th Ave

22 City & State
TAMPA, FL

27 City & State
TAMPA, FL

23 Zip
33675

28 Zip
33605

24 Country
Hills

29 Country
Hills

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROMEO, SARA
1515 E. 7TH AVE.
TAMPA FL 33605

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when terminating)

3/8/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PORGES, MARCIE HOFFMAN
1907 EAST 7TH AVENUE
TAMPA FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RIGALL, BARBARA A.
1513 EAST 8TH AVENUE
TAMPA FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WAX, JILL COVILLE
1612 EAST 7TH AVENUE
TAMPA FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ROMEO, SARA
1727 E. 7TH AVE.
TAMPA FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
KIMBALL, JAN
1710 - 19TH ST. N.
TAMPA, FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
ANGELICA DIAZ
1811 N. 16th St
TAMPA, FL 33605

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
Change 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 110 (0739)(a), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95 213-247-3525