

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N43580 (2)

1. Corporation Name

YBOR ENTERTAINMENT & ARTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 76702
TAMPA FL 33675
US

P.O. BOX 76702
TAMPA FL 33675



3. Date Incorporated or Qualified

05/24/1991

3a. Date of Last Report

03/30/1995

4. FEI Number

59-3183317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

DiAnne James

82

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

1315 E 5th Ave

83

84

City

TAMPA

FL

85

Zip Code

33605

11. Pursuant to the provisions of Sections 617.0602 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/1/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☒ DELETE

1.1 TITLE PRES/D
1.2 NAME CHANDRA ALEXANDER
1.3 STREET ADDRESS 1517 E 7TH AVE
1.4 CITY-ST-ZIP TAMPA, FL - 33605

☐ Change

☒ Addition

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

☒ DELETE

2.1 TITLE V.P.
2.2 NAME JILL WAX
2.3 STREET ADDRESS 1612 E 7TH AVE
2.4 CITY-ST-ZIP TAMPA, FL - 33605

☒ Change

☐ Addition

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

☐ DELETE

3.1 TITLE SARA ROMEO
3.2 NAME 1727 E 7TH AVE
3.3 STREET ADDRESS TAMPA, FL - 33605 - SEC.
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

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

☐ DELETE

4.1 TITLE TRES.
4.2 NAME DIANNE JAMES
4.3 STREET ADDRESS 1315 E 5TH AVE
4.4 CITY-ST-ZIP TAMPA, FL - 33605

☐ Change

☒ Addition

TITLE VP
NAME DIAZ, ANGELICA
STREET ADDRESS 1811 N 16TH ST
CITY-ST-ZIP TAMPA, FL

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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

Date

Daytime Phone #

6/7/94

813-

248-3132

05 7/17/96

CR2E037 (3/96)