

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N46542 (9)

1. Corporation Name

FIRST NIGHT TAMPA BAY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2182  
TAMPA FL 33601

P.O. BOX 2182  
TAMPA FL 33601

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

CHALFANT, MARSHA  
100 S. ASHLEY DRIVE  
SUITE 1850  
TAMPA FL 33602

3. Date Incorporated or Qualified

12/20/1991

4. FEI Number

59-3151855

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

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 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

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 PD  
NAME RAPOSA, MICHAEL  
STREET ADDRESS 601 E. KENNEDY BLVD.- 28TH FLOOR  
CITY-ST-ZIP TAMPA FL 33602

DELETE

TITLE VPD  
NAME MORAN, MARY ANNE  
STREET ADDRESS 4424 E. COLUMBUS DRIVE  
CITY-ST-ZIP TAMPA FL 33605

DELETE

TITLE VPD  
NAME TRIBBLE, BETTY  
STREET ADDRESS 110 EAST OAK STREET  
CITY-ST-ZIP TAMPA FL 33601-1110

DELETE

TITLE TD  
NAME CHALFANT, MARSHA  
STREET ADDRESS 100 S. ASHLEY DRIVE, STE. 1850  
CITY-ST-ZIP TAMPA FL 33602

DELETE

TITLE SD  
NAME LOUGEE, CHARLES ARDEN  
STREET ADDRESS 4010 BOY SCOUT BLVD. , SUITE 280  
CITY-ST-ZIP TAMPA FL 33607

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Schofield, Roberta  
1.3 STREET ADDRESS 4316 S. THATCHER  
1.4 CITY-ST-ZIP Tampa, FL 33611

Change Addition

2.1 TITLE VPD  
2.2 NAME Spina, Annette  
2.3 STREET ADDRESS 306 E. Jackson St., 8N  
2.4 CITY-ST-ZIP Tampa, FL 33602

Change Addition

3.1 TITLE VPD  
3.2 NAME Rigall, Barbara  
3.3 STREET ADDRESS 110 McInnesey Dr.  
3.4 CITY-ST-ZIP Tampa, FL 33602

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE SD  
5.2 NAME Bencit, Debra  
5.3 STREET ADDRESS 202 S. Parker Street  
5.4 CITY-ST-ZIP Tampa, FL 33606

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. 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 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:

Marsha Chalfant, Marsha Chalfant

7/10/98

813-229-2321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)