

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90002 005 ****61.25
06-10-1999 90002 006 *****8.75

DOCUMENT # N46542

1. Corporation Name

FIRST NIGHT TAMPA BAY, INC.

Principal Place of Business

P.O. BOX 2182
TAMPA FL 33601

Mailing Address

P.O. BOX 2182
TAMPA FL 33601



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/20/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3151855	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

CHALFANT, MARSHA
100 S. ASHLEY DRIVE
SUITE 1650
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name Barbara A. Rigall
82 Street Address (P.O. Box Number is Not Acceptable)
427 Blanca Ave.
83
84 City Tampa FL 85 Zip Code 33606

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<u>Officer D</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOFIELD, ROBERTA	1.2 NAME	<u>Sklorman, Sherry</u>
STREET ADDRESS	4316 S THATCHER	1.3 STREET ADDRESS	<u>400 Ashley Dr. N.</u>
CITY-ST-ZIP	TAMPA FL 33611	1.4 CITY-ST-ZIP	<u>Tampa FL 33601</u>
TITLE	VPD	2.1 TITLE	<u>S</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPINA, ANNETTE	2.2 NAME	<u>LOPEZ, LIANA</u>
STREET ADDRESS	306 E JACKSON STREET I NORTH	2.3 STREET ADDRESS	<u>100 Second Ave S., Ste 800</u>
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	<u>St. Petersburg, FL 33701</u>
TITLE	<u>VPD President</u>	3.1 TITLE	<u>D</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIGALL, BARBARA	3.2 NAME	<u>Williams, T. Scott</u>
STREET ADDRESS	110 MCINNSEY DRIVE	3.3 STREET ADDRESS	<u>101 E. Kennedy Blvd</u>
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	<u>Tampa FL 33602</u>
TITLE	TD	4.1 TITLE	<u>Walton, Capt. Edwin</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHALFANT, MARSHA	4.2 NAME	<u>8208 Hanger Loop Dr., Ste. 14</u>
STREET ADDRESS	100 S. ASHLEY DRIVE, STE. 1650	4.3 STREET ADDRESS	<u>MAFB, FL 33621</u>
CITY-ST-ZIP	TAMPA FL 33602	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<u>D</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENDIT, DEBRA	5.2 NAME	<u>McCallister, Donna</u>
STREET ADDRESS	202 S PARKER STREET	5.3 STREET ADDRESS	<u>202 S. Parker</u>
CITY-ST-ZIP	TAMPA FL 33606	5.4 CITY-ST-ZIP	<u>Tampa FL 33606</u>
TITLE		6.1 TITLE	<u>President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<u>Rigall, Barbara</u>
STREET ADDRESS		6.3 STREET ADDRESS	<u>1010 MacInnes Place</u>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<u>Tampa FL 33602</u>

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, with all other like empowered.

SIGNATURE:

Barbara A. Rigall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99 813-222-1054

Date

Daytime Phone #

CR2E037 (11/98)

0049332