

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

APPROVED
AND
FILED

98 JUN -5 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000610 (7)**

1. Corporation Name

TAMPA BAY ARTS, INC.



Principal Place of Business

Mailing Address

**3719 SAN LUIS
TAMPA FL 33629
US**

**1222 S. DALE MABRY
SUITE 802
TAMPA FL 33629
US**

3. Date Incorporated or Qualified

12/03/1992

4. FEI Number

59-2908900

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

Country

Country

24

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29

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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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUIG, MARK D
3719 SAN LUIS ST
TAMPA FL 33629**

81 Name **CHUCK WILHELM**

82 Street Address (P.O. Box Number Is Not Acceptable)
3719 SAN LUIS ST

83

84 City **TAMPA**

FL

85 Zip Code **33629**

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

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

CHUCK WILHELM EXECUTIVE DIRECTOR

DATE **5/1/98**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **GOBLER, BOB**
STREET ADDRESS **17901 HOLLY BROOK DR**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D** ☐ DELETE
NAME **MILLER, ARTHUR J**
STREET ADDRESS **14505 AUDUBON TRACE #504**
CITY-ST-ZIP **TAMPA FL 33613-2978**

TITLE **D** ☐ DELETE
NAME **HANSON, PAUL**
STREET ADDRESS **3508 KENSINGTON AVE**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☐ DELETE
NAME **BOYD, C.L.**
STREET ADDRESS **PO DRAWER 9448 N/A**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **ED** ☒ DELETE
NAME **PUIG, MARK D**
STREET ADDRESS **3717 SAN LUIS ST**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **MD** ☒ DELETE
NAME **LONSWAY, JOSEPH**
STREET ADDRESS **1222 S DALE MABRY #612**
CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **MIKE HOLLAND**
1.3 STREET ADDRESS **3719 SAN LUIS**
1.4 CITY-ST-ZIP **TAMPA FL 33629**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **100002552621-0**
2.3 STREET ADDRESS **-06/09/98-01053-006**
2.4 CITY-ST-ZIP *******70.00 *****70.00**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **10/6/98**
3.3 STREET ADDRESS **10/6/98**
3.4 CITY-ST-ZIP **10/6/98**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **10/6/98**
4.3 STREET ADDRESS **10/6/98**
4.4 CITY-ST-ZIP **10/6/98**

5.1 TITLE **ED** ☒ Change ☐ Addition
5.2 NAME **CHUCK WILHELM**
5.3 STREET ADDRESS **3719 SAN LUIS**
5.4 CITY-ST-ZIP **TAMPA FL 33629**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **MARK BRANDT**
6.3 STREET ADDRESS **6604 CHELSEA**
6.4 CITY-ST-ZIP **TAMPA FL 33634**

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:

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

CHUCK WILHELM

DATE **5/1/98**

CFR2037 (10/97)