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Jan 28, 1999 8:00am
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01-28-1999 90023 007 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N94000002717

1. Corporation Name

THE ARTS COUNCIL OF TYRONE, INC.

Principal Place of Business

6421 22ND AVENUE NORTH
ST PETERSBURG FL 33710

Mailing Address

6421 22ND AVENUE NORTH
ST PETERSBURG FL 33710



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/01/1994

4. FEI Number

NOT APPLICABLE

Applied For

X 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

9. Name and Address of Current Registered Agent

BROWN, MARSHALL L
2630 QUEEN STREET SOUTH
ST. PETERSBURGH FL 33712

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 P
NAME CALHOUN, LANNY O
STREET ADDRESS 6800 31ST AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE V
NAME WALKER, COLLEEN M
STREET ADDRESS 5250 50TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE S
NAME READING, MARGARET S
STREET ADDRESS 2360 62ND STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE T
NAME TRAUSCHT, PETER SR
STREET ADDRESS 6101 33RD AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE D
NAME CLARK, LINDA
STREET ADDRESS 6474 28TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE D
NAME BROWN, MARSHALL L
STREET ADDRESS 2630 QUEEN STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL 33712

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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, with all other like empowered.

SIGNATURE:

LANNY O CALHOUN

Date

Daytime Phone #

CR2E037 (1/98)