## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

2. Principal Place of Business

21

City Zip 24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9400005231 (5	DOCUMENT #	N94000005231	(5)
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TAMPA BAY JAZZ FESTIVAL, INC.

Principal Place of Business	Mailing Address		
2119 W HILLSBOROUGH AVE	2119 W HILLSBOROUGH AVE		
TAMPA FL 33603	TAMPA FL 33603		

2a. Mailing Address

Suite Ant # etc

Date Incorporated or Qualified 09/29/1994	3a. Date of Last Report 05/01/1995
4. FEI Number	Applied For
59-3295032	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country 25	Z <sub>I</sub> p	30	ntry	This corporation has liability for Florida Statutes	Yes [	No
	Name and Address of Current Registered Age				10. Name and Address of New	w Registered Agent	
				81 Name			

	RUMORE, DICKIE J
	2119 W HILLSBOROUGH AVE
•	TAMPA FL 33603

	10. Name and Address of New Registered Agent				
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City <b>F1</b> 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 appli	cable (NOTE F	legistered Agent signature require	red when reinstating) DATE
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	RUMORE, DICKIE J		1.2 NAMÉ	
STREET ADDRESS	2119 W HILLSBOROUGH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33603		1.4 CITY - ST - ZIP	
TITLE	D	DELETE	2 1 TITLE	Change Addition
NAME	PROVENZANO, PHILIP		2.2 NAME	
STREET ADDRESS	3818 GUNN HWY SUITE 208		23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624		2 4 CITY - ST - ZIP	
TITLE	D	DELETE	3 1 TITLE	Change Addition
NAME	SPENA, FRANK		3.2 NAME	
STREET ADDRESS	2353 EASTWOOD DRIVE		3 3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625		3 4. CITY - ST - ZIP	
TITLE		DELETE	41 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	Town 1 Addison
TITLE		DELETE	5 1 TITLE	Change Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			54 CITY+ST-ZIP	
TITLE		DELETE	6 1 TITLE	700001880727* ~
NAME			6 2 NAME	-07/01/9601043045
STREET ADDRESS			6.3 STREET ADDRESS	***61.25

64 CITY - ST - ZIP 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 certify 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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 (813) 976 3459 Object (813) 976 3459 (5) 6/78/96

CR2E037 (12/95)