

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90016 006 ****61.25

DOCUMENT # N96000005721

1. Entity Name

TAMPA BAY BLUES FOUNDATION, INC.



Principal Place of Business

8370 - 40 AVENUE NORTH
ST. PETERSBURG FL 33709

Mailing Address

8370 - 40 AVENUE NORTH
ST. PETERSBURG FL 33709



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

31-1485045

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, CHARLES W
1535 DR. M.L. KING ST. N
360 CENTRAL AVE.
ST. PETERSBURG FL 33701

Name

Charles W Ross

Street Address (P.O. Box Number is Not Acceptable)

1535 Dr. M.L. King St. N.

St. Petersburg, FL

City

FL

Zip Code

33704

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/08

FILE NOW: FEE IS \$61.25

Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME ROSS, CHARLES W
STREET ADDRESS 8370 - 40 AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33709

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SWEENEY, KEVIN
STREET ADDRESS 400 ORCHID LANE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D ☐ Change ☒ Addition
NAME Diane Nicola
STREET ADDRESS 1535 Dr. M.L. King St. N.
CITY-ST-ZIP St. Pete, FL 33704

TITLE D ☐ Delete
NAME ROSS, TRACI
STREET ADDRESS 8370 40 AVE N.
CITY-ST-ZIP SAINT PETERSBURG FL 33709

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles W Ross, Pres. 2/3/08 727 502 5000