

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000001679**

1. Entity Name

MC ARTS FOUNDATION, INC.



Principal Place of Business

1917 WEST NORTH "A" STREET  
TAMPA, FL 33606

Mailing Address

1917 WEST NORTH "A" STREET  
TAMPA, FL 33606



01202004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3435022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BIAS, MARK S  
1917 W. NORTH "A" STREET  
TAMPA, FL 33606

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
BIAS, MARK S  
1917 WEST NORTH "A" STREET  
TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
WEST, CHERYLL A  
1917 WEST NORTH "A" STREET  
TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VTD  
WEST, CARROLL P  
1917 WEST NORTH "A" STREET  
TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000013169  
01/26/04-80043-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

*Mark S. Bias* **MARK S. BIAS**

**1-20-04**

**727-866-0904**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #