

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34333

FILED
Feb 11, 2009
Secretary of State

Entity Name: THE TAMPA BAY HISTORY CENTER, INC.

Current Principal Place of Business:

225 S. FRANKLIN ST
TAMPA, FL 33602 US

New Principal Place of Business:

801 OLD WATER STREET
TAMPA, FL 33602 US

Current Mailing Address:

P O BOX 948
TAMPA, FL 33601 US

New Mailing Address:

801 OLD WATER STREET
TAMPA, FL 33602 US

FEI Number: 59-3058652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBBINS, R. JAMES, JR.
101 EAST KENNEDY BLVD.
SUITE 3700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: RYDBERG, MARSHA G
Address: 201 N. FRANKLIN STREET, SUITE 1625
City-St-Zip: TAMPA, FL 33602

Title: PT () Delete
Name: HOWELL, GEORGE B III
Address: 5105 S NICHOLAS ST
City-St-Zip: TAMPA, FL

Title: ST () Delete
Name: NORTH, FRANK R
Address: 1306 W. KENNEDY BLVD
City-St-Zip: TAMPA, FL 336061848

Title: DE () Delete
Name: DUNHAM, ELIZABETH L
Address: 1411 LULIE LAGOON
City-St-Zip: LUTZ, FL

Title: TT () Delete
Name: WHITING, JR, PAUL L
Address: 2910 W BAY TO BAY STE 200
City-St-Zip: TAMPA, FL 33629

Title: P () Delete
Name: ROBERTS, C.J
Address: 3312 E SEVILLA CIRCLE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.J. ROBERTS

P

02/11/2009

Electronic Signature of Signing Officer or Director

Date