

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005054

FILED
Feb 11, 2009
Secretary of State

Entity Name: THE TAMPA BAY HISTORY CENTER FOUNDATION, INC.

Current Principal Place of Business:

225 SOUTH FRANKLIN STREET
TAMPA, FL 33602

New Principal Place of Business:

801 OLD WATER STREET
TAMPA, FL 33602

Current Mailing Address:

PO BOX 948
TAMPA, FL 336010948

New Mailing Address:

801 OLD WATER STREET
TAMPA, FL 33602

FEI Number: 20-2900795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIEF, FRANK J III
442 W KENNEDY BLVD SUITE 340
TAMPA, FL 33606 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: D () Delete
Name: HOWELL, GEORGE B III
Address: 100 N TAMPA STREET SUITE 4100
City-St-Zip: TAMPA, FL 33602

Title: P () Delete
Name: LYKES, III, JOSEPH
Address: 1403 DESOTO AVENUE SUITE 303
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: TOUCHTON, J THOMAS
Address: 1700 SOUTH MACDILL AVENUE SUITE 340
City-St-Zip: TAMPA, FL 336295244

Title: S () Delete
Name: ROBBINS, JAMES R
Address: 101 E KENNEDY BLVD, SUITE #3700
City-St-Zip: TAMPA, FL 33602

Title: T () Delete
Name: STRASKE, PAUL
Address: 5105 EVELYN DRIVE
City-St-Zip: TAMPA, FL 33609

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
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: PAUL STRASKE

T

02/11/2009

Electronic Signature of Signing Officer or Director

Date