

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005054

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

**Current Principal Place of Business:**

801 WATER STREET  
TAMPA, FL 33602

**Current Mailing Address:**

801 WATER STREET  
TAMPA, FL 33602 US

**FEI Number: 20-2900795**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ROBERTS, CLARENCE J  
801 WATER STREET  
TAMPA, FL 33602 US

*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

**Officer/Director Detail :**

Title T  
Name ROBBINS, R. JAMES JR.  
Address 101 E KENNEDY BLVD., STE. 3700  
City-State-Zip: TAMPA FL 33602

Title FCT  
Name WHITING, PAUL L JR.  
Address 511 W. BAY STREET  
STE. 310  
City-State-Zip: TAMPA FL 33606

Title T  
Name TOUCHTON, JOHN  
Address 815 S. ROME AVENUE  
City-State-Zip: TAMPA FL 33606

Title CT  
Name SOUZA, KENNETH A  
Address 9662 GRETNA GREEN DRIVE  
City-State-Zip: TAMPA FL 33626

Title T  
Name SNYDER, BET  
Address 3308 SIERRA CIRCLE  
City-State-Zip: TAMPA FL 33629

Title VCT  
Name NICHOLS, JANET  
Address 100 N. TAMPA STREET  
SUITE 2400  
City-State-Zip: TAMPA FL 33602

Title STT  
Name TAYLOR, CORLISS  
Address 800 CARRILLON PKWY.  
City-State-Zip: ST. PETERSBURG FL 33716

Title T  
Name DEVICENTE, LUCAS  
Address 4211 W. BOY SCOUT BLVD.,  
SUITE 190  
City-State-Zip: TAMPA FL 33607

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: KENNETH SOUZA**

**CT**

**03/20/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title T  
Name CASSEDY, CAMERON  
Address 113 S. BOULEVARD  
SUITE 200  
City-State-Zip: TAMPA FL 33606-1970