

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005054

**FILED**  
**Apr 22, 2019**  
**Secretary of State**  
**7385970668CC**

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

**Current Principal Place of Business:**

801 OLD WATER STREET  
TAMPA, FL 33602

**Current Mailing Address:**

801 OLD WATER STREET  
TAMPA, FL 33602

**FEI Number: 20-2900795**

**Certificate of Status Desired: Yes**

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

ROBERTS, CLARENCE J  
801 OLD 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 LYKES, JOSEPH T III  
Address 2910 HAWTHORNE ROAD  
City-State-Zip: TAMPA FL 33611

Title T  
Name TOUCHTON, J THOMAS  
Address 4211 W. BOY SCOUT BLVD.,  
STE. 660  
City-State-Zip: TAMPA FL 33607-5757

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

Title T  
Name WOLF, ROBERT M  
Address 11101 ROOSEVELT BLVD. N., 2ND  
FLOOR  
City-State-Zip: ST. PETERSBURG FL 33716

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

Title VCT  
Name TOUCHTON, JOHN  
Address 4211 W. BOY SCOUT BLVD.,  
STE. 660  
City-State-Zip: TAMPA FL 33607-5757

Title T  
Name PITINO, CHRISTOPHER  
Address 24 S. TREASURE DR.  
City-State-Zip: TAMPA FL 33609-3535

Title TT  
Name NICHOLS, JANET A  
Address 100 N. TAMPA STREET,  
STE. 2400  
City-State-Zip: TAMPA FL 33602

**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: PAUL L WHITING, JR.**

**CT**

**04/22/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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