

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001068

**Entity Name:** CITY OF TAMPA BLACK HISTORY COMMITTEE, INC.**Current Principal Place of Business:**315 EAST KENNEDY BLVD  
TAMPA, FL 33602**Current Mailing Address:**POST OFFICE BOX 1782  
TAMPA, FL 33601**FEI Number:** 45-0540281**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MERCER, DEBBIE  
315 EAST KENNEDY BLVD  
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:** DEBBIE MERCER

01/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TR  
Name MERCER, DEBBIE  
Address 315 EAST KENNEDY BLVD  
City-State-Zip: TAMPA FL 33602

Title PARL  
Name THOMPSON, WANDA  
Address 306 EAST JACKSON STREET  
City-State-Zip: TAMPA FL 33602

Title P  
Name GIBBONS-PEOPLES, CELESTE  
Address 306 EAST JACKSON STREET  
City-State-Zip: TAMPA FL 33602

Title VP  
Name HOUSE, KATRINA  
Address 306 EAST JACKSON STREET  
City-State-Zip: TAMPA FL 33602

Title ASST. TREASURER  
Name DOCK, LACHONE  
Address 1400 N BLVD  
City-State-Zip: TAMPA FL 33607

Title ADVISOR  
Name FOXX-KNOWLES, SHIRLEY  
Address 315 E KENNEDY BLVD  
City-State-Zip: TAMPA FL 33602

Title SECRETARY  
Name BIRCH, SHAKAYLA  
Address 4900 W LEMON STREET  
City-State-Zip: TAMPA FL 33609

*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:** DEBBIE MERCER

TREASURER

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date