

2014 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:**RUSSELL, LENOIR S
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	CRUM, FRANK
Address	315 EAST KENNEDY BLVD
City-State-Zip:	TAMPA FL 33602

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

Title	PARL
Name	FORWARD, TOM
Address	315 EAST KENNEDY BLVD
City-State-Zip:	TAMPA FL 33602

Title	VP
Name	RUSSELL, LENOIR S
Address	315 EAST KENNEDY BLVD
City-State-Zip:	TAMPA FL 33602

Title	ATRE
Name	THOMPSON, WANDA
Address	315 EAST KENNEDY BLVD
City-State-Zip:	TAMPA FL 33602

Title	SECRETARY
Name	WILLIAMS, LINDA
Address	POST OFFICE BOX 1782
City-State-Zip:	TAMPA FL 33601

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****03/13/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date