

2017 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:**MARTINEZ, VENUS
306 EAST JACKSON 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 TR
Name MERCER, DEBBIE
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 P
Name GIBBONS-PEOPLES, CELESTE
Address 306 EAST JACKSON STREET
City-State-Zip: TAMPA FL 33602

Title VP
Name GORDON, BRIDGET
Address 306EAST 26TH AVENUE
City-State-Zip: TAMPA FL 33605

Title SEC
Name MARTINEZ, VENUS
Address 306 EAST JACKSON STREET
City-State-Zip: TAMPA FL 33602

Title PARL
Name WILFALK, MARK
Address 4010 WEST SPRUCE STREET
City-State-Zip: TAMPA FL 33607

Title ADVISOR
Name FORWARD, THOMAS
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****03/09/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date