

**2018 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****03/02/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date