

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **721041** (2)

1. Corporation Name

**TAMPA HISTORICAL SOCIETY, INC.**



Principal Place of Business

Mailing Address

**245 S. HYDE PARK AVENUE  
TAMPA FL 33606**

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TAMPA FL 33606**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/26/1971</b>		3a. Date of Last Report <b>02/28/1995</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1652496</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 9. Name and Address of Current Registered Agent

**BROWN, CHARLES A  
4012 MORRISON AVE  
TAMPA FL 33629**

## 10. Name and Address of New Registered Agent

81 Name	<b>Kyle S. VanLandingham</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>11208 Winn Road</b>		
83			
84 City	<b>Riverview</b>	85 FL	Zip Code <b>33569</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Kyle S. VanLandingham**

Signature, typed or printed name of registered agent and date if applicable

(Not a Registered Agent signature required when reinstating)

DATE

**26-15-1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, CHARLES A</b>	1.2 NAME	<b>Kyle S. VanLandingham</b>
STREET ADDRESS	<b>4012 MORRISON AVE</b>	1.3 STREET ADDRESS	<b>11208 Winn Road</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	<b>Riverview, FL 33569</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>V.</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANLANDINGHAM, KYLE</b>	2.2 NAME	<b>Ralph N Beaver</b>
STREET ADDRESS	<b>11208 WINN RD</b>	2.3 STREET ADDRESS	<b>3935 Eden Rock Cir</b>
CITY-ST-ZIP	<b>RIVERVIEW FL</b>	2.4 CITY-ST-ZIP	<b>Tampa FL 33634</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D Paul E Camp</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, MARY</b>	3.2 NAME	<b>5019 Whiteway Dr</b>
STREET ADDRESS	<b>802 SO EDISON</b>	3.3 STREET ADDRESS	<b>Tampa FL 33617</b>
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D Lula Dovi</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LATIMER, LOIS</b>	4.2 NAME	<b>3316 Lacewood Rd</b>
STREET ADDRESS	<b>3924 SAN JUAN</b>	4.3 STREET ADDRESS	<b>Tampa FL 33618</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D Jan Platt</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>3531 Village Way</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Tampa FL 33629</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>000001747670</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>-03/18/96--01107--010</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>***\$61.25</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**18 Jan 1996 813-677-7706**

CR2E037 (12/95)