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Mar 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 721041 (2)

1. Corporation Name

TAMPA HISTORICAL SOCIETY, INC.

Principal Place of Business

245 S. HYDE PARK AVENUE  
TAMPA FL 33606

Mailing Address

245 S. HYDE PARK AVENUE  
TAMPA FL 33606-2231



3. Date Incorporated or Qualified  
05/26/1971

3a. Date of Last Report  
03/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number  
59-1652496

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANLANDINGHAM, KYLE S  
11208 WINN RD  
RIVERVIEW FL 33569

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	PLATT, JAN	
STREET ADDRESS	3531 VILLAGE WAY	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	P	DELETE
NAME	VANLANDINGHAM, KYLE	
STREET ADDRESS	11208 WINN RD	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	V	DELETE
NAME	BEAVER, RALPH N	
STREET ADDRESS	3935 EDEN ROCK CIR	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	TD	DELETE
NAME	LATIMER, LOIS	
STREET ADDRESS	3924 SAN JUAN	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	DELETE
NAME	CAMP, PAUL E	
STREET ADDRESS	5019 WHITEWAY DR	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	DELETE
NAME	DOVI, LULA	
STREET ADDRESS	3316 LACEWOOD RD	
CITY-ST-ZIP	TAMPA FL 33618	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	FERNANDO MESA		
1.3 STREET ADDRESS	210 E ROSS AVE		
1.4 CITY-ST-ZIP	TAMPA FL 33602		
2.1 TITLE	D	Change	Addition
2.2 NAME	CLAIRE CARDINA		
2.3 STREET ADDRESS	1104 TWIGGS ST		
2.4 CITY-ST-ZIP	TAMPA FL 33602		
3.1 TITLE	D	Change	Addition
3.2 NAME	JOANN CIMINO		
3.3 STREET ADDRESS	10109 W WILLOW		
3.4 CITY-ST-ZIP	TAMPA FL 33612		
4.1 TITLE	D	Change	Addition
4.2 NAME	SCOTT PEELER		
4.3 STREET ADDRESS	433 SUMMIT CHASE DR		
4.4 CITY-ST-ZIP	VALRICO FL 33594		
5.1 TITLE	D	Change	Addition
5.2 NAME	DORIS ROSENBLATT		
5.3 STREET ADDRESS	654 RIVIERA DR		
5.4 CITY-ST-ZIP	TAMPA FL 33606		
6.1 TITLE	S	Change	Addition
6.2 NAME	MARY BROWN		
6.3 STREET ADDRESS	803 S EDISON		
6.4 CITY-ST-ZIP	TAMPA FL 33606		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on 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 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 #

*Kyle S. Vanlandingham* 27 Feb 1997  
President

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