

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

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DOCUMENT # 721041

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/26/1971

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

9. Name and Address of Current Registered Agent

NORTH, FRANK R
1809 W INMAN AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent

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 ☐ DELETE
NAME D
STREET ADDRESS PLATT, JAN
CITY-ST-ZIP 3531 VILLAGE WAY
TAMPA FL 33629

TITLE ☒ DELETE
NAME V
STREET ADDRESS BEAVER, RALPH N
CITY-ST-ZIP 3935 EDEN ROCK CIR
TAMPA FL 33634

TITLE ☐ DELETE
NAME TD
STREET ADDRESS LATIMER, LOIS
CITY-ST-ZIP 3924 SAN JUAN
TAMPA FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS CAMP, PAUL E
CITY-ST-ZIP 5019 WHITEWAY DR
TAMPA FL 33617

TITLE ☐ DELETE
NAME D
STREET ADDRESS DOVI, LULA
CITY-ST-ZIP 3316 LACEWOOD RD
TAMPA FL 33618

TITLE ☐ DELETE
NAME S
STREET ADDRESS MARY J BROWN
CITY-ST-ZIP 802 SIYTG EDUSIB
TAMPA FL 33606

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME V
2.3 STREET ADDRESS William E Gerrell
2.4 CITY-ST-ZIP 5786 Sun Up Road
Land O'Lakes FL 34639

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

Frank R North
SIGNATURE:

Frank R North
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)