FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 721041

TAMPA HISTORICAL SOCIETY, INC.

Prin	cip	al Plac	ce of E	Business
245	S.	HYDE	PARK	AVENUE

2. Principal Place of Business

Suite, Apt. #, etc.

TAMPA FL 33606

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

245 S. HYDE PARK AVENUE TAMPA FL 33606

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

03-08-1999 90072 039 ****61.25

3. Date Incorporated or Qualifed

05/26/1971

59-1652496

4. FEI Number

City & State City & State 28 29 29 29 29 29 29 29	22			27				1	59-1652496			No	t Applicable
Zip Country Zip		City & State)	1	te					D:1		\$8.75	Additional
20	23	,					Э.	5. Certificate of Status Desired		ш	Fee Re	Fee Required	
25	40	Zip	Country			Country		6.	Election Campaign	Financing		\$5.00	May Be
9. Name and Address of Current Registered Agent NORTH, FRANK R 1809 W INMAN AVE TAMPA FL 33606 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 817 0502 and 617 1508, Flonida Statutes, the above-named corporation submits this statement for the purposa of changing its registered agent, or both, in the State of Flonida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617 0509, Friorida Statutes. SIGNATURE Signature, typed or protein name of registered agent and accept the obligations of, Section 617 0509, Friorida Statutes. SIGNATURE Signature, typed or protein name of registered agent and disc if applicable. PO	24		25	29	30				· · ·	_	ш		
NORTH, FRANK R 1809 W INMAN AVE TAMPA FL 33606 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Street Address (P.O. Box Number is Not Acceptable) 86 Size Address (P.O. Box Number is Not Acceptable) 87 Size Address (P.O. Box Number is Not Acceptable) 88 Size Address (P.O. Box Number is Not Acceptable) 89 Size Address (P.O. Box Number is Not Acceptable) 80 Size Address (P.O. Box Number is Not Acceptable) 80 Size Address (P.O. Box Number is Not Acceptable) 81 Size Address (P.O. Box Number is Not Acceptable) 82 Size Address (P.O. Box Number is Not Acceptable) 83 Size Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zize Code 85 Zize Code 86 City FL 85 Zize Code 87 Size Address (P.O. Box Number is Not Acceptable) 88 Size Address (P.O. Box Number is Not Acceptable) 89 Size Address (P.O. Box Number is Not Acceptable) 80 Size Address (P.O. Box Number is Not Acceptable) 80 Size Address (P.O. Box Number is Not Acceptable) 81 Size Address (P.O. Box Number is Not Acceptable) 82 Size Address (P.O. Box Number is Not Acceptable) 83 Size Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zize Code 86 Zize Code 87 Zize Code 88 Zize Code 88 Zize Code 88 Zize Code 88 Zize					<u> </u>	•	10.	Name and Addres	s of New Re	egistered A	gent		
1809 W INMAN AVE		-120		V V		81	Name						
1809 W INMAN AVE									0 0 11 6	1-4 44-4	-1-1		
TAMPA FL 33606 83		· ·				82	Street A	Address (P	.O. Box Number is i	vot Acceptat	ole)		
Sections 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 Floride, Such change was submored by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floride, Such change was submored by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floride, Such change was submored by the corporation's board of directors. I hereby accept the appointment as registered agent and site if application. In the State of Floride Statutes. Signature, typed or printed name of registered agent and site if application. In the State of Floride Statutes. In the State of Floride Statutes. In the State of Floride Statutes. In the State of Floride State of Flori				83				****			-		
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agent. I am familiar with, and accept the obligations of, Section 617,0903, Florona Statutes. SIGNATURE Signature, Typical or printed name of registered agent and tile if applicable. (MOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE D	11	office or re	adistered agent or both in the State	of Florida, Such cha	ande was autho	nzed by	tne corpo	ration's bo	ard of directors. I he	ereby accept	the appoin	tment as re	gistered
Signature, Typide of printed paper land little if applicables. (NOTE: Reported Agent signature required when reinstalting) (IATE IATE	ĺ	agent. I ar	n familiar with, and accept the obliga	ations of, Section 61	7.0503, Florida	Statutes.							
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CITY-ST-ZIP TAMPA FL 33606 64 CITY-ST-ZIP 14 Liberarby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes, I further certify that the information													
CITY-ST-ZIP TAMPA FL 336U6			TAMPA FL 33606			6.4 CITY-ST	r-ZIP						

I nereby 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:

Applied For

Not Applicable