

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90100 012 ****61.25

DOCUMENT # 721041 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 59-1652496
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KNIGHT, WILLIAM 635 W. FRANKLIN ST., STE 725 TAMPA, FL 33602			Name MAUREEN PATRICK Street Address (P.O. Box Number is Not Acceptable) 3411 W. BAY AVENUE City TAMPA FL 33606		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Maureen J. Patrick 4/18/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resetting) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALCINES, JUDGE, HON. E.J.		NAME		
STREET ADDRESS	801 E. TWIGGS ST., STE. 600		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336023547		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARDINA, CLAIRE		NAME		
STREET ADDRESS	10424 TROUVILLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNHAM, ELIZABETH L		NAME		
STREET ADDRESS	1411 JULIE LAGOON		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KNIGHT, WILLIAM		NAME	MAUREEN PATRICK	
STREET ADDRESS	633 N. FRANKLIN ST., STE. 725		STREET ADDRESS	3411 W. BAY AVENUE	
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: ELIZABETH L. DUNHAM			Date 04-12-06 Daytime Phone # 813/228-0097		