2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721041

FILED Jul 10, 2007 Secretary of State

Entity Name: TAMPA HISTORICAL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

245 S. HYDE PARK AVENUE TAMPA, FL 33606

Current Mailing Address: New Mailing Address:

245 S. HYDE PARK AVENUE TAMPA, FL 33606

FEI Number: 59-1652496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PATRICK, MAUREEN 3411 W BAY AVE TAMPA, FL 33606 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: SD () Delete Title: VPD (X) Change () Addition
me: CARDINA CLAIRE Name: ARENA ANTHONY S

Name:CARDINA, CLAIREName:ARENA, ANTHONY SAddress:10424 TROUVILLE DRIVEAddress:718 W. MARTIN LUTHER KING, JR. BLVD, #200

City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33603

Title: TD () Delete Title: TD (X) Change () Addition

Name: DUNHAM, ELIZABETH L Name: MCEWEN, JOHN

Address: 1411 JULIE LAGOON Address: 245 S. HYDE PARK AVENUE City-St-Zip: LUTZ, FL 33549 City-St-Zip: TAMPA, FL 33606

Title: P () Delete Title: PD (X) Change () Addition Name: PATRICK, MAUREEN Name: PATRICK, MAUREEN

 Address:
 3411 W BAY AVE
 Address:
 3411 W BAY AVE

 City-St-Zip:
 TAMPA, FL 33606
 City-St-Zip:
 TAMPA, FL 33606

 $\label{eq:title:Title:SD} \textit{Title:} \qquad \textit{SD} \qquad \textit{() Change (X) Addition}$

Name: SALZANO, GIANMARCO
Address: Address: 245 S. HYDE PARK AVENUE

City-St-Zip: City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN PATRICK PD 07/10/2007