

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721041

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: TAMPA HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

245 S. HYDE PARK AVENUE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

245 S. HYDE PARK AVENUE  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 59-1652496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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:**

Title: VPD ( ) Delete  
Name: ARENA, ANTHONY S  
Address: 718 W. MARTIN LUTHER KING, JR. BLVD, #200  
City-St-Zip: TAMPA, FL 33603

Title: TD ( ) Delete  
Name: MCEWEN, JOHN  
Address: 245 S. HYDE PARK AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: PD ( ) Delete  
Name: PATRICK, MAUREEN  
Address: 3411 W BAY AVE  
City-St-Zip: TAMPA, FL 33606

Title: SD ( ) Delete  
Name: SALZANO, GIANMARCO  
Address: 245 S. HYDE PARK AVENUE  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: /ANTHONY S. ARENA/

VPD

04/30/2008

Electronic Signature of Signing Officer or Director

Date