# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2009**
**Secretary of State**

DOCUMENT# 721041

**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 ( )**
**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:**

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: /MAUREEN PATRICK/ P/D 05/01/2009
Electronic Signature of Signing Officer or Director — Date