2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N01000004528

Entity Name: TAMPA BAY BLACK HERITAGE FOUNDATION, INC.

Current Principal Place of Business:

1101 N. HOWARD AVE
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 16622
TAMPA, FL 336876682

New Mailing Address:

FEI Number: 59-3710725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINTONS, FELECIA
6924 TROUT STREET
TAMPA, FL 33617 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:	PRES	( ) Delete
Name:	ANTHONY, KEN	
Address:	1101 NORTH HOWARD AVENUE	
City-St-Zip:	TAMPA, FL 33607	
Title:	VP	( ) Delete
Name:	HENDERSON, CATHLEEN	
Address:	4305 GINGER COVE DRIVE	
City-St-Zip:	TAMPA, FL 33634	
Title:	BM	( ) Delete
Name:	SANDERS, WILLIAMS	
Address:	12708 N. 19TH STREET, SUITE 403	
City-St-Zip:	TAMPA, FL 33612	
Title:	BM	( ) Delete
Name:	JACKSON, RUBY	
Address:	7605 N. 53RD STREET	
City-St-Zip:	TAMPA, FL 33617	
Title:	TREA	( ) Delete
Name:	WINTONS, FELECIA	
Address:	6924 TROUT STREET	
City-St-Zip:	TAMPA, FL 33617	
Title:	BM	(X) Delete
Name:	MCCOY, ELEANOR	
Address:	2727 W. FLETCHER AVE APT 11K	
City-St-Zip:	TAMPA, FL 33618	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	BM	(X) Change ( ) Addition
Name:	MOORE, FREDDIE	
Address:	4010 W SPRUCE ST	
City-St-Zip:	TAMPA, FL 33607	
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: KEN ANTHONY PRES 03/12/2009
Electronic Signature of Signing Officer or Director — Date