

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90048 047 ****61.25

DOCUMENT # N02000001552

1. Entity Name
**TAMPA HISTORICAL AND CULTURAL EDUCATION
COMPLEX, INC.**



Principal Place of Business
**303 CRAYFORD PLACE
VALRICO, FL 33594**

Mailing Address
**303 CRAYFORD PLACE
VALRICO, FL 33594**



2. Principal Place of Business

3. Mailing Address

08032005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
82-0543694

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENKINS, ANNETTE S
303 CRAYFORD PLACE
VALRICO, FL 33594**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME MILES, BRUCE H
STREET ADDRESS 308 DR. MLK BLVD.
CITY-ST-ZIP TAMPA, FL 33603

TITLE VC ☐ Delete
NAME WINTONS, FELECIA A
STREET ADDRESS 10910 N. 56TH ST.
CITY-ST-ZIP TAMPA, FL 33617

TITLE S ☐ Delete
NAME REED, BETTY
STREET ADDRESS 3601 PATINA DR
CITY-ST-ZIP TAMPA, FL 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☒ Change ☐ Addition
NAME Annette S. Jenkins
STREET ADDRESS 303 Crayford Pl
CITY-ST-ZIP Valrico FL 33594

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME Cynthia Brady
STREET ADDRESS 3601 Patina Dr.
CITY-ST-ZIP Tampa, FL 33619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **ANNETTE S. JENKINS** *Annette Jenkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/05

Date

(813) 486-1004

Daytime Phone #