

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N02000001552

1. Entity Name

TAMPA HISTORICAL AND CULTURAL EDUCATION  
COMPLEX, INC.



**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90200 019 \*\*\*\*61.25

Principal Place of Business

303 CRAYFORD PLACE  
VALRICO, FL 33594

Mailing Address

303 CRAYFORD PLACE  
VALRICO, FL 33594

**DO NOT WRITE IN THIS SPACE**



05012006 No Chg-NP

CR2E037 (4/06)

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

JENKINS, ANNETTE S  
303 CRAYFORD PLACE  
VALRICO, FL 33594

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	JENKINS, ANNETTE S
STREET ADDRESS	303 CRAYFORD PL
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VC
NAME	WINTONS, FELECIA A
STREET ADDRESS	10910 N. 56TH ST.
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	S
NAME	BRADY, CYNTHIA
STREET ADDRESS	3601 PATINA DR
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06