

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

FILED

2007 SEP 24 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09042007 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

DO NOT WRITE IN THIS SPACE

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 September 14, 2007**

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	

400109846524
09/24/07--01067--001 **\$61.25

**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 ANNETTE S. JENKINS 9/19/07 (813) 486-1004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #