

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90568 029 \*\*\*\*61.25

**DOCUMENT # N03000009137**

1. Entity Name

WEST TAMPA CULTURAL SOCIETY INC



Principal Place of Business

1718 W MAIN ST, PO BOX 45008  
TAMPA FL 33677

Mailing Address

1718 W MAIN ST, PO BOX 45008  
TAMPA FL 33677

2. Principal Place of Business

3. Mailing Address

PO Box 45008

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Zip

Country

33627

Country

Hills

4. FEI Number

810636951

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

JACKSON, VICTOR  
1983 W MAIN ST  
TAMPA FL 33607

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 D  
NAME MCADOO, SABRINA ☐ Delete  
STREET ADDRESS 304 E JEAN ST  
CITY-ST-ZIP TAMPA FL 33604

TITLE P  
NAME BLACKMON, ANTHONY ☐ Delete  
STREET ADDRESS 14802 FLORIDA AVE  
CITY-ST-ZIP TAMPA FL 33613

TITLE V  
NAME TAYLOR, EVERITT ☐ Delete  
STREET ADDRESS 3812 N 53RD ST  
CITY-ST-ZIP TAMPA FL 33619

TITLE S  
NAME LEE, DON ☐ Delete  
STREET ADDRESS 3101 CHIPCO  
CITY-ST-ZIP TAMPA FL 33605

TITLE T  
NAME JOHNSON, HUEY ☐ Delete  
STREET ADDRESS 1143 CHESTNUT ST  
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

Huey Johnson Treasurer

4-9-04 813 390-985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #