


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000009137</b>	
1. Entity Name WEST TAMPA CULTURAL SOCIETY INC	

Principal Place of Business 1718 W MAIN ST, PO BOX 45008 TAMPA, FL 33677	Mailing Address PO BOX 45008 TAMPA, FL 33677
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03232005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>81-0636951</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  JACKSON, VICTOR 1983 W MAIN ST TAMPA, FL 33607
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**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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCADOO, SABRINA 304 E JEAN ST TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLACKMON, ANTHONY 14802 FLORIDA AVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TAYLOR, EVERITT 3812 N 53RD ST TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEE, DON 3101 CHIPCO TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JOHNSON, HUEY 1143 CHESTNUT ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000280458  
03/30/05-80018-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 / Treasure **3-28-05 81253-2/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #