

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90385 022 \*\*\*\*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  
**PO BOX 45008  
TAMPA, FL 33677**

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**81-0636951**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JACKSON, VICTOR  
1983 W MAIN ST  
TAMPA, FL 33607**

**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 reissuing)

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** *Huey Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-11-06*

Date

*813 258-9796*

Daytime Phone #