

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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



04042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1100000937692
05/27/08-90061-005 61.25

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	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Huey Johnson Treasurer 4/9/08 813 390 9085