


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90370 043 \*\*\*\*70.00

<b>DOCUMENT # N05000005054</b> 1. Entity Name <b>THE TAMPA BAY HISTORY CENTER FOUNDATION, INC.</b>					
Principal Place of Business <b>225 SOUTH FRANKLIN STREET TAMPA, FL 33602</b>			Mailing Address <b>PO BOX 948 TAMPA, FL 33601-0948</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-2900795</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RIEF, FRANK J III 442 W KENNEDY BLVD SUITE 340 TAMPA, FL 33606</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>HOWELL, GEORGE B III</b> STREET ADDRESS <b>100 N TAMPA STREET SUITE 4100</b> CITY-ST-ZIP <b>TAMPA, FL 33602</b>				
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>LYKES, JOSEPH III</b> STREET ADDRESS <b>1403 DESOTO AVENUE SUITE 303</b> CITY-ST-ZIP <b>TAMPA, FL 33606</b>				
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>TOUCHTON, J THOMAS</b> STREET ADDRESS <b>1700 SOUTH MACDILL AVENUE SUITE 340</b> CITY-ST-ZIP <b>TAMPA, FL 336295244</b>				
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>WOLF, ROBERT</b> STREET ADDRESS <b>39 COLUMBIA DRIVE ROOM 808</b> CITY-ST-ZIP <b>TAMPA, FL 33606</b>				
TITLE	<input type="checkbox"/> Delete				
TITLE	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>Chairman</b> <i>[Signature]</i> <b>March 7, 2007</b> <b>813-227-6410</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					