2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N06000001068

Entity Name: CITY OF TAMPA BLACK HISTORY COMMITTEE, INC.

Current Principal Place of Business:

315 EAST KENNEDY BLVD
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1782
TAMPA, FL 33601

New Mailing Address:

FEI Number: 45-0540281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSSELL, LENOIR S
315 EAST KENNEDY BLVD
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, BETTYE
Address: 315 EAST KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602

Title: P ( ) Delete
Name: LOCK, REGINA D
Address: 315 EAST KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602

Title: TR ( ) Delete
Name: GIBBONS-PEOPLES, CELESTE
Address: 315 EAST KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602

Title: ATRE ( ) Delete
Name: BELL, SANDRA
Address: 315 EAST KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602

Title: SEC ( ) Delete
Name: FOXX-KNOWLES, SHIRLEY
Address: 315 EAST KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602

Title: PARL ( ) Delete
Name: SCOTT, HAROLD
Address: 315 EAST KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELESTE GIBBONS-PEOPLES TR 03/09/2009

Electronic Signature of Signing Officer or Director — Date