

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90345 012 ****70.00

DOCUMENT # N34333

1. Entity Name
THE TAMPA BAY HISTORY CENTER, INC.



Principal Place of Business
225 S. FRANKLIN ST
TAMPA, FL 33602 US

Mailing Address
P O BOX 948
TAMPA, FL 33601 US



04222008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3058652

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBBINS, R. JAMES, JR.
101 EAST KENNEDY BLVD.
SUITE 3700
TAMPA, FL 33602

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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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE VT
NAME RYDBERG, MARSHA G
STREET ADDRESS 201 N. FRANKLIN STREET, SUITE 1625
CITY-ST-ZIP TAMPA, FL 33602

TITLE PT
NAME HOWELL, GEORGE B III
STREET ADDRESS 5105 S NICHOLAS ST
CITY-ST-ZIP TAMPA, FL

TITLE ST
NAME NORTH, FRANK R
STREET ADDRESS 1306 W. KENNEDY BLVD
CITY-ST-ZIP TAMPA, FL 336061848

TITLE DE
NAME DUNHAM, ELIZABETH L
STREET ADDRESS 1411 LULIE LAGOON
CITY-ST-ZIP LUTZ, FL

TITLE TT
NAME WHITING, JR, PAUL L
STREET ADDRESS 2910 W BAY TO BAY STE 200
CITY-ST-ZIP TAMPA, FL 33629

TITLE P
NAME ROBERTS, C.J
STREET ADDRESS 3312 E SEVILLA CIRCLE
CITY-ST-ZIP TAMPA, FL 33629

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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2008
Date

813-228-0097
Daytime Phone #