

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004125

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** THE TAMPA FIREFIGHTERS MUSEUM, INC.

**Current Principal Place of Business:**

TAMPA FIREFIGHTERS MUSEUM  
720 E ZACK ST  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

TAMPA FIREFIGHTERS MUSEUM  
720 E ZACK ST  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 59-3467403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CFRA, LLC  
100 S. ASHLEY DR.  
SUITE 400  
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: MD  
Name: SPEAR, TODD  
Address: 808 E ZACK STREET  
City-St-Zip: TAMPA, FL 33602

Title: D  
Name: JUDY, JAMES SWANN  
Address: 923 S. HIMES  
City-St-Zip: TAMPA, FL 33629

Title: MDP  
Name: SEBASTIAN, WENDELL  
Address: 931 HARBOUR BAY DRIVE  
City-St-Zip: TAMPA, FL 33602

Title: VD  
Name: JORDAN, RANDALL  
Address: 808 E ZACK STREET  
City-St-Zip: TAMPA, FL 33602

Title: SD  
Name: FREDLUND, STEPHEN  
Address: 808 E. ZACK STREET  
City-St-Zip: TAMPA, FL 33602

Title: TR  
Name: SEMPE, MARCELO  
Address: 720 E ZACK STREET  
City-St-Zip: TAMPA, FL 33602

I hereby 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 all other like empowered.

SIGNATURE: MARCELO SEMPE'

TREA

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date