

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721041

Entity Name: TAMPA HISTORICAL SOCIETY, INC.**Current Principal Place of Business:**245 S. HYDE PARK AVENUE
TAMPA, FL 33606**Current Mailing Address:**245 S. HYDE PARK AVENUE
TAMPA, FL 33606**FEI Number:** 59-1652496**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATRICK, MAUREEN
3411 W BAY AVE
TAMPA, FL 33611 US*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**Officer/Director Detail :**

Title	P
Name	PATRICK, MAUREEN J
Address	3411 W. BAY AVE
City-State-Zip:	TAMPA FL 33611

Title	VP
Name	MCEWEN, JOHN R
Address	5605 IKE SMITH RD
City-State-Zip:	PLANT CITY FL 33565

Title	T
Name	DOVI, LULA
Address	3316 LACEWOOD RD
City-State-Zip:	TAMPA FL 33618

Title	D
Name	COLE, NANCY
Address	11204 ORANGE GROVE DR
City-State-Zip:	TAMPA FL 33618

Title	D
Name	DENADAI, JUNE
Address	8923 BRELAND DR
City-State-Zip:	TAMPA FL 33626

Title	/DD
Name	WESLEY, LINDSAY
Address	695 GENEVA PLACE
City-State-Zip:	TAMPA FL 33606

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: MAUREEN J. PATRICK**PRESIDENT****05/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date