

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716626

Entity Name: SERVE, INC.**Current Principal Place of Business:**3111 TAMPA BAY BLVD.
AT TAMPA BAY BLVD. ELEMENTARY
TAMPA, FL 33607**Current Mailing Address:**3111 TAMPA BAY BLVD.
AT TAMPA BAY BLVD. ELEMENTARY
TAMPA, FL 33607**FEI Number:** 59-1270557**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEEMAN, MICHAEL
501 E KENNEDY BLVD STE 1700
TAMPA, FL 33602 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	ASST. SECRETARY
Name	BELMONTE, KATHY
Address	4211 W. BOY SCOUT BLVD., SUITE 190
City-State-Zip:	TAMPA FL 33607

Title	TREASURER
Name	CLEVELAND, JOEL
Address	3031 ROCKY POINT DR. W, 2ND FLOOR
City-State-Zip:	TAMPA FL 33607

Title	PRESIDENT
Name	POSADA, GRACE
Address	1000 N. ASHLEY DRIVE, SUITE 700
City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR
Name	JINKS, JEFF
Address	7650 W. COURTNEY CAMBELL CAUSEWAY
City-State-Zip:	TAMPA FL 33607

Title	CEO
Name	HOUCHEN, DONNA C
Address	16013 CHASTAIN RD
City-State-Zip:	ODESSA FL 33556

Title	VP
Name	PERALTA, TAMMY
Address	3111 TAMPA BAY BLVD. AT TAMPA BAY BLVD. ELEMENTARY

Title	SECRETARY
Name	OCASIO, EDDIE
Address	3111 TAMPA BAY BLVD. AT TAMPA BAY BLVD. ELEMENTARY
City-State-Zip:	TAMPA FL 33607

City-State-Zip: TAMPA FL 33607

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: DONNA C. HOUCHEN**EXECUTIVE DIRECTOR****02/13/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date