

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720378

Entity Name: CONN MEMORIAL FOUNDATION, INC.**Current Principal Place of Business:**3410 HENDERSON BLVD
SUITE 200
TAMPA, FL 33609**Current Mailing Address:**3410 HENDERSON BLVD
SUITE 200
TAMPA, FL 33609 US**FEI Number:** 59-0978713**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CROWDER, SHEFFIELD
3410 HENDERSON BLVD
SUITE 200
TAMPA, FL 33609 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 CROWDER, SHEFFIELD L
Address 1208 S ALBANY ST
City-State-Zip: TAMPA FL 33606

Title TREASURER
Name GARDNER, PETER J
Address 3410 HENDERSON BLVD
SUITE 200
City-State-Zip: TAMPA FL 33609

Title D
Name VALDES, CATHY
Address 3410 HENDERSON BLVD
SUITE 200
City-State-Zip: TAMPA FL 33609

Title VC
Name KENNEDY, DAVID
Address 3410 HENDERSON BLVD.
SUITE 200
City-State-Zip: TAMPA FL 33609

Title CHAIRMAN
Name PIEPER, SCOTT
Address 3410 HENDERSON BLVD
SUITE 200
City-State-Zip: TAMPA FL 33609

Title SECRETARY
Name GARCIA, SONJA
Address 3410 HENDERSON BLVD
SUITE 200
City-State-Zip: TAMPA FL 33618

Title DIRECTOR
Name HERNANDEZ, MARIO DR.
Address DEPT OF CHILDREN & FAMILY
SERVICES
UNIVERSITY OF SOUTH FLORIDA
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name BVESING, BOB
Address 3410 HENDERSON BLVD
SUITE 200
City-State-Zip: TAMPA FL 33609

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: SHEFFIELD CROWDER**PRESIDENT****04/25/2017**

Electronic Signature of Signing Officer/Director Detail

Date