

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720906

Entity Name: CFA TAMPA BAY, INC.**Current Principal Place of Business:**12191 W LINEBAUGH AVE
TAMPA, FL 33626**Current Mailing Address:**12191 W LINEBAUGH AVE
TAMPA, FL 33626 US**FEI Number:** 59-6592262**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, CHRISTINE P
12191 W LINEBAUGH AVE
TAMPA, FL 33626 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 DIRECTOR
Name GIVEN, R. SCOTT
Address 4488 BOY SCOUT BLVD
STE 350
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name KARD, CHARLES H.
Address PO BOX 16508
City-State-Zip: SAINT PETERSBURG FL 33733

Title IMMEDIATE PAST PRESIDENT
Name WALKER, JEFFREY J.
Address 3607 THORNTON PL
City-State-Zip: SARASOTA FL 34239

Title VP
Name WALTON, ADAM
Address 880 CARILLON PKWY
City-State-Zip: SAINT PETERSBURG FL 33716

Title EXECUTIVE DIRECTOR
Name BROWN, CHRISITNE P
Address 12191 W LINEBAUGH AVE #312
City-State-Zip: TAMPA FL 33626

Title DIRECTOR
Name BAER, KARI A.
Address 4488 BOY SCOUT BLVD
STE 350
City-State-Zip: TAMPA FL 33607

Title PRESIDENT
Name NEUJAHR, GAIL J.
Address 1400 CENTRE RD
City-State-Zip: VENICE FL 34292

Title TREASURER
Name BROWN, TRAVIS
Address 101 CENTRAL AVE
City-State-Zip: SAINT PETERSBURG FL 33701

Continues on page 2

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: GAIL NEUJAHR**PRESIDENT****04/21/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name GRIMARD, MAXWELL R.
Address 4030 BOY SCOUT BLVD
STE 475
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name KARD, CHARLES H
Address 101 CENTRAL AVE
City-State-Zip: SAINT PETERSBURG FL 33701

Title DIRECTOR
Name WALLACE, JONATHAN
Address 880 CARILLON PKWY
City-State-Zip: SAINT PETERSBURG FL 33716

Title DIRECTOR
Name CHEN, GAOLE
Address 6408 MARKSTOWN DR
City-State-Zip: TAMPA FL 33617

Title DIRECTOR
Name MORGAN, CHRISTOPHER
Address 14059 RIVEREDGE DR
STE 525
City-State-Zip: TAMPA FL 33637