

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738301

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**3222661450CC**

**Entity Name:** TAMPA CROSSROADS, INC.

**Current Principal Place of Business:**

5109 N. NEBRASKA AVENUE  
TAMPA, FL 33603

**Current Mailing Address:**

5109 N. NEBRASKA AVENUE  
TAMPA, FL 33603 US

**FEI Number:** 59-1743719

**Certificate of Status Desired:** Yes

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

ROMEO, SARA  
5109 N NEBRASKA AVE  
TAMPA, FL 33603 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 CHAIRMAN  
Name CRUZ, AILEN  
Address 12811 WALLINGFORD DR.  
City-State-Zip: TAMPA FL 33624

Title TREA  
Name CHAMBERS, CHRIS CPA  
Address 13575 N 58TH STREET SU:114  
City-State-Zip: CLEARWATER FL 34684

Title OFFICER  
Name MARTENY, SUZETTE  
Address 5109 N. NEBRASKA AVENUE  
City-State-Zip: TAMPA FL 33603

Title VP  
Name DRISKELL, FENTRICE ESQ.  
Address 4221 W. BOY SCOUT BLVD. SU #1000  
City-State-Zip: TAMPA FL 33607

Title EXECUTIVE DIRECTOR, CEO  
Name ROMEO, SARA  
Address 5109 N. NEBRASKA AVENUE  
City-State-Zip: TAMPA FL 33603

Title SECRETARY  
Name JONES, DANYELL  
Address 9617 REGENTS PARK DR.  
City-State-Zip: TAMPA FL 33647

*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:** SARA ROMEO

**CEO, EXECUTIVE  
DIRECTOR**

**01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date