

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739609

FILED
Feb 15, 2015
Secretary of State
CC4644581238

Entity Name: ST. CHAD'S EPISCOPAL CHURCH OF TAMPA, FLORIDA, INC.

Current Principal Place of Business:

5609 NORTH ALBANY
TAMPA, FL 33603

Current Mailing Address:

5609 NORTH ALBANY AVE
TAMPA, FL 33603

FEI Number: 59-2859632

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERA, MIKE
5609 NORTH ALBANY
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: MIKE RIVERA

02/15/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name COLLINS, BARBARA
Address 5609 NORTH ALBANY
City-State-Zip: TAMPA FL 33603

Title TREASURER
Name HULL, CHARLES W
Address 5609 NORTH ALBANY
City-State-Zip: TAMPA FL 33603

Title OFFICER, SENIOR WARDEN
Name ROSS, DAN
Address 5609 NORTH ALBANY
City-State-Zip: TAMPA FL 33603

Title OFFICER, JUNIOR WARDEN
Name KISER, GEORGEANNA
Address 5609 NORTH ALBANY
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name WHITE, DIXIE
Address 5609 NORTH ALBANY
City-State-Zip: TAMPA FL 33603

Title DIRECTOR, COMMITTEE CLERK
Name HIPSON, KATHLEEN
Address 5609 NORTH ALBANY
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name NEUMEIER, MARY C
Address 5609 NORTH ALBANY
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name BASH, CHUCK
Address 5609 NORTH ALBANY
City-State-Zip: TAMPA FL 33603

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: CHARLES HULL

TREASURER

02/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CARMAN, ISABEL
Address 5609 NORTH ALBANY
City-State-Zip: TAMPA FL 33603