

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739609

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

**FILED**  
**Jan 14, 2021**  
**Secretary of State**  
**1654165838CC**

**Current Principal Place of Business:**

5609 NORTH ALBANY AVE  
TAMPA, FL 33603

**Current Mailing Address:**

5609 NORTH ALBANY AVE  
TAMPA, FL 33603

**FEI Number: 59-2859632**

**Certificate of Status Desired: Yes**

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

WHITE, DIXIE L  
5609 NORTH ALBANY 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: DIXIE L. WHITE**

**01/14/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, COMMITTEE MEMBER  
Name HEWITT, DAVID  
Address 5609 NORTH ALBANY AVE  
City-State-Zip: TAMPA FL 33603

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

Title OFFICER, SENIOR WARDEN  
Name WILSON, ANNETTE  
Address 5609 NORTH ALBANY AVE  
City-State-Zip: TAMPA FL 33603

Title DIRECTOR, JUNIOR WARDEN  
Name HARPER, KENNETH BART  
Address 5609 NORTH ALBANY AVE  
City-State-Zip: TAMPA FL 33603

Title DIRECTOR, COMMITTEE MEMBER  
Name NEUMEIER, MARY CHARLITA  
Address 5609 NORTH ALBANY AVE  
City-State-Zip: TAMPA FL 33603

Title DIRECTOR, COMMITTEE MEMBER  
Name RIVERA, ISHMAEL MIKE  
Address 5609 NORTH ALBANY AVE  
City-State-Zip: TAMPA FL 33603

Title DIRECTOR, COMMITTEE MEMBER  
Name HIPSON, KATHLEEN  
Address 5609 N ALBANY AVE  
City-State-Zip: TAMPA FL 33603

Title DIRECTOR, COMMITTEE MEMBER  
Name OTTO, ROBIN  
Address 5609 NORTH ALBANY AVE  
City-State-Zip: TAMPA FL 33603

*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: DIXIE L. WHITE**

**TREASURER**

**01/14/2021**

Electronic Signature of Signing Officer/Director Detail

Date