

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739609

**FILED**  
**Mar 06, 2017**  
**Secretary of State**  
**CC7853517198**

**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:**

ROSS, DAN  
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:** DAN ROSS

03/06/2017

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

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

Title DIRECTOR, COMMITTEE CLERK  
Name DRAKE, MARILYN  
Address 5609 NORTH ALBANY AVE  
City-State-Zip: TAMPA FL 33603

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

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

Title DIRECTOR, JUNIOR WARDEN  
Name HUMBERT , HENRY  
Address 5609 NORTH ALBANY AVE  
City-State-Zip: TAMPA FL 33603

Title DIRECTOR  
Name MILLER, VALERIE  
Address 5609 N ALBANY AVE  
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:** DAN ROSS

SENIOR WARDEN

03/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           NEUMEIER, BURTON F DR.  
Address        5609 N ALBANY AVE  
City-State-Zip: TAMPA FL 33603