

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740879

Entity Name: THE SPRING OF TAMPA BAY, INC.**Current Principal Place of Business:**209 N WILLOW AVENUE
TAMPA, FL 33602**Current Mailing Address:**P.O. BOX 5147
TAMPA, FL 33675 US**FEI Number:** 59-1777135**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CF REGISTERED AGENT, INC.
100 S. ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602 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	PCEO
Name	MURPHY, MINDY
Address	PO BOX 5147
City-State-Zip:	TAMPA FL 33675

Title	DC
Name	RIX, GREGORY
Address	300 WEST PLATT STREET, SUITE 100
City-State-Zip:	TAMPA FL 33606

Title	DV
Name	LUNDY, MICHAEL
Address	3014 W PALMIRA STREET, SUITE 202
City-State-Zip:	TAMPA FL 33629

Title	DS
Name	BENJAMIN, TRIMEKA
Address	514 N. FRANKLIN STREET, #206
City-State-Zip:	TAMPA FL 33602

Title	DT
Name	HOROWITZ, PAUL
Address	1301 66TH STREET N
City-State-Zip:	ST. PETERSBURG FL 33710

Title	DOF
Name	NIEVES, LISA
Address	PO BOX 5147
City-State-Zip:	TAMPA FL 33675

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: LISA NIEVES**DIRECTOR OF FINANCE****01/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date