

**2020 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 33606**Current Mailing Address:**P.O. BOX 5147  
TAMPA, FL 33675 US**FEI Number:** 59-1777135**Certificate of Status Desired:** No**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	PRESIDENT/CEO
Name	MURPHY, MINDY
Address	PO BOX 5147
City-State-Zip:	TAMPA FL 33675

Title	SECRETARY
Name	KINSEY-SALLIS, LAKISHA
Address	PO BOX 5147
City-State-Zip:	TAMPA FL 33675

Title	CHAIR
Name	JAMES, MOLLY
Address	PO BOX 5147
City-State-Zip:	TAMPA FL 33675

Title	TREASURER
Name	LEWIS, BJ
Address	PO BOX 5147
City-State-Zip:	TAMPA FL 33675

Title	CFO
Name	COSTNER, STEVE
Address	PO BOX 5147
City-State-Zip:	TAMPA FL 33675

Title	VICE CHAIR
Name	WATKINS, SARAH
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:** STEVE COSTNER

CFO

05/13/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date