

2014 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:**CFRA, LLC
100 S. ASHLEY DR.
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 MCCREE, DOUG
Address 107 WEST WILLOW AVENUE
City-State-Zip: TAMPA FL 33606

Title DV
Name FREKING, RYAN
Address 4830 W. KENNEDY BLVD., SUITE 450
City-State-Zip: TAMPA FL 33609

Title DS
Name SANSONE, LAURA
Address 1099 31ST TERRACE NE
City-State-Zip: ST. PETERSBURG FL 33704

Title DT
Name HOROWITZ, PAUL
Address 5201 KENNEDY BLVD., SUITE 620
City-State-Zip: TAMPA FL 33609

Title CFO
Name CHAMBERLIN, CRAIG
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: CRAIG CHAMBERLIN

CFO

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date