

2022 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 WATKINS, SARAH
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 LIVINGSTON, DEBRA
Address PO BOX 5147
City-State-Zip: TAMPA FL 33675

Title DIRECTOR
Name BENJAMIN, TRIMEKA
Address PO BOX 5147
City-State-Zip: TAMPA FL 336755147

Title DIRECTOR
Name LUNDY, MICHAEL
Address PO BOX 5147
City-State-Zip: TAMPA FL 336755147

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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****02/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name SWEENEY, EILEEN
Address PO BOX 5147
City-State-Zip: TAMPA FL 33675

Title CHIEF PROGRAM OFFICER
Name CONTRERAS, ROSA
Address PO BOX 5147
City-State-Zip: TAMPA FL 33675

Title DIRECTOR
Name RASHKE, LEE
Address PO BOX 5147
City-State-Zip: TAMPA FL 33675

Title DIRECTOR
Name RICHARDSON-GRIFFIN, ANNA
Address PO BOX 5147
City-State-Zip: TAMPA FL 33675

Title DIRECTOR
Name CAMPOS, LISSETTE
Address PO BOX 5147
City-State-Zip: TAMPA FL 33675

Title DIRECTOR
Name CORCELL, AMY
Address PO BOX 5147
City-State-Zip: TAMPA FL 33675

Title DIRECTOR
Name MARTINEZ, FRANCES
Address PO BOX 5147
City-State-Zip: TAMPA FL 33675

Title DIRECTOR
Name SAMUEL, SHERILEE
Address PO BOX 5147
City-State-Zip: TAMPA FL 33675

Title DIRECTOR
Name WALSH, DONNA
Address PO BOX 5147
City-State-Zip: TAMPA FL 33675

Title CHIEF ADVANCEMENT OFFICER
Name LYNN, ELLEN
Address 209 N WILLOW AVE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name MCCREE, DOUG
Address PO BOX 5147
City-State-Zip: TAMPA FL 33675

Title DIRECTOR
Name AMBROSE, JACQUELINE
Address 209 N WILLOW AVE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name COBURN, NADINE
Address PO BOX 5147
City-State-Zip: TAMPA FL 33675

Title DIRECTOR
Name DETTLAFF, KARLA
Address PO BOX 5147
City-State-Zip: TAMPA FL 33675