

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 766039

**Entity Name:** TAMPA BAY COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

2139 N.E. COACHMAN ROAD - SUITE #1  
CLEARWATER, FL 33765

**Current Mailing Address:**

2139 N.E. COACHMAN ROAD - SUITE #1  
CLEARWATER, FL 33765 US

**FEI Number:** 59-2252762

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JACKSON, DEBRA D  
2139 NE COACHMAN RD - SUITE #1  
CLEARWATER, FL 33765 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:** DEBRA D JACKSON

02/20/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT / CEO  
Name            KINNEY, ROBERT P  
Address        6325 RIDGE TOP DR  
City-State-Zip: NEW PORT RICHEY FL 34655

Title            SECRETARY  
Name            GOODALL, REBECCA  
Address        7676 MONTAGUE LOOP  
City-State-Zip: NEW PORT RICHEY FL 34655

Title            CHAIRMAN  
Name            JONES, DAVID E  
Address        3224 SKENE TERR  
City-State-Zip: PALM HARBOR FL 34684

Title            TREASURER  
Name            MCFATE, JOSEPH R  
Address        1749 STARDUST DR  
City-State-Zip: CLEARWATER FL 33755

Title            VP  
Name            VITALE, CARRIE  
Address        2139 NE COACHMAN RD - SUITE #1  
City-State-Zip: CLEARWATER FL 33765

Title            VP  
Name            JACKSON, DEBRA D  
Address        2139 N.E. COACHMAN ROAD - SUITE #1  
City-State-Zip: CLEARWATER FL 33765

Title            VC  
Name            PHILPOT, MELVIN  
Address        3300 EXCHANGE PL (NP2A)  
City-State-Zip: LAKE MARY FL 32746

Title            ASST VP  
Name            LATIMORE, CAPRENA  
Address        2139 N.E. COACHMAN ROAD - SUITE #1  
City-State-Zip: CLEARWATER FL 33765

**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:** ROBERT KINNEY

PRESIDENT / CEO

02/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER  
Name STIFF, JASON  
Address 2755 US ALT 19  
City-State-Zip: PALM HARBOR FL 34683