

**2018 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:**

BAUER, MICHAEL J  
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:** MICHAEL J BAUER

09/05/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT / CEO  
Name            BAUER, MICHAEL J  
Address        2139 NE COACHMAN RD  
City-State-Zip: CLEARWATER FL 33765

Title            SECRETARY  
Name            HOLT, JULIE  
Address        38868 US HWY 19 N  
City-State-Zip: TARPON SPRINGS FL 34689

Title            CHAIRMAN  
Name            NURSE, KARL  
Address        2139 NE COACHMAN RD  
                 SUITE #1  
City-State-Zip: CLEARWATER FL 33765

Title            TREASURER  
Name            BRIELMAIER, JOHN  
Address        2111 DREW ST  
City-State-Zip: CLEARWATER FL 33765

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

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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:** MICHAEL J BAUER

**PRESIDENT**

09/05/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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