

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766039

FILED
Feb 02, 2015
Secretary of State
CC9016228034

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

02/02/2015

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, REBBECA
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 VP
Name BROOKS, CHRISTOPHER
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

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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: ROBERT P KINNEY

PRESIDENT

02/02/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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