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 PAUL M SOTTILE	TREASURER	01/27/2021			

TREASURER

SIGNATURE: PAUL M. SOTTILE

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

516 3RD STREET S. SAFETY HARBOR, FL 34695

### **Current Mailing Address:**

P.O. BOX 4032 CLEARWATER. FL 33758-4032 US

## FEI Number: 47-5429471

### Name and Address of Current Registered Agent:

PEARSON, DAVID A. 516 3RD STREET S. SAFETY HARBOR, FL 34695 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	E: DAVID A. PEARSON			01/27/2021	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	Ρ	Title	VP		
Name	MCGARIGLE, DONALD	Name	GRANT, STEVE		
Address	407 84TH AVE.	Address	853D NORTH KEENE ROAD		
City-State-Zip:	ST. PETERSBURG FL 33706	City-State-Zip:	CLEARWATER FL 33755		
Title	т	Title	S		
Name	SOTTILE, PAUL M	Name	LIPSCOMB, GERALD W		
Address	15107 MONET DRIVE	Address	1364 S. BETTY LANE		
City-State-Zip:	TAMPA FL 33613	City-State-Zip:	CLEARWATER FL 33756		

Certificate of Status Desired: No

# FILED Jan 27, 2021 Secretary of State 8349720747CC

Date