## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 769717** 

Entity Name: COPPERHEAD CHARITIES, INC.

**Current Principal Place of Business:** 

35111 US HIGHWAY 19 NORTH

SUITE 302

PALM HARBOR, FL 34684

**Current Mailing Address:** 

35111 US HIGHWAY 19 NORTH

SUITE 302

PALM HARBOR, FL 34684 US

FEI Number: 59-2319162 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEST, TRACY 35111 US HIGHWAY 19 NORTH

PALM HARBOR, FL 34684 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: TRACY WEST 03/07/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title PAST GENERAL CHAIRMAN

Name WEST, TRACY ANN Name EISCH, JIM

35111 US HIGHWAY 19 NORTH 14480 - 62ND STREET Address Address

SUITE 302

City-State-Zip: CLEARWATER FL 33760 City-State-Zip: PALM HARBOR FL 34684

CO GENERAL CHAIR Title Title **DIRECTOR** Name BARBER, RONDE Name GATES, TOM Address 35111 US HWY 19 N

Address 20621 AMANDA COURT City-State-Zip: PALM HARBOR FL 34684

LAND O'LAKES FL 34638 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** CAVNER, HOLLIS Name

ROBINSON, KEITH Name Address 301 FISHERMANS WAY

8058 - 12TH AVENUE SOUTH Address City-State-Zip: JUPITER FL 33477

ST. PETE FL 33707 City-State-Zip:

**DIRECTOR** Title Title **DIRECTOR** 

SULLIVAN, CHRIS Name DOYLE, JR., DAN Name

Address 1511 N. WEST SHORE BLVD. 5109 W. LEMON STREET Address

#750

City-State-Zip: **TAMPA FL 33602** City-State-Zip: TAMPA FL 33609

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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.

03/07/2024 SIGNATURE: TRACY ANN WEST **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Mar 07, 2024

**Secretary of State** 

1155825304CC

## Officer/Director Detail Continued:

Title CO GENERAL CHAIR
Name ASTRA, JOHN

Address 35111 US HIGHWAY 19 NORTH

SUITE 302

City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR

Name MARCUS, GREENE

Address 360 CENTRAL AVENUE

16TH FLOOR

City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR

Name HECKES, HOWARD
Address 2900 W. JULIA #1904
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name SAM, ROSATI

Address 506 OCEANVIEW AVE

City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR

Name MCNALLY, MIKE

Address 35111 US HIGHWAY 19 NORTH

SUITE 302

City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR

Name RHOADS, ALYSSA

Address 35111 US HIGHWAY 19 NORTH

SUITE 302

City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR

Name COURIS, JOHN

Address P.O. BOX 1289

City-State-Zip: TAMPA FL 33601

Title DIRECTOR

Name BLAYLOCK, PAUL
Address 2913 W FAIR OAKS
City-State-Zip: TAMPA FL 33611

Title DIRECTOR
Name PARKS, PENNY
Address 100 E. MADISON ST
City-State-Zip: TAMPA FL 33602

Title DIRECTOR Name WAX, JON

Address 35111 US HWY 19 N

SUITE 302

City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR

Name FITZPATRICK, MARK

Address 35111 US HIGHWAY 19 NORTH

SUITE 302

City-State-Zip: PALM HARBOR FL 34684