

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769717

**FILED  
Mar 01, 2016  
Secretary of State  
CC3096487616**

**Entity Name:** COPPERHEAD CHARITIES, INC.

**Current Principal Place of Business:**

36750 US 19 N.  
PALM HARBOR, FL 34684

**Current Mailing Address:**

36750 US 19 N.  
PALM HARBOR, FL 34684 US

**FEI Number: 59-2319162**

**Certificate of Status Desired: No**

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

WEST, TRACY  
36750 US 19 N.  
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**

**03/01/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            WEST, TRACY  
Address        36750 US 19 N.  
City-State-Zip: PALM HARBOR FL 34684

Title            DIRECTOR  
Name            VARNER, JOSEPH III  
Address        100 NORTH TAMPA STREET, SUITE  
                  4100  
City-State-Zip: TAMPA FL 33602

Title            DIRECTOR  
Name            MORGAN, LARRY D/GC  
Address        1101 EAST FLETCHER AVENUE  
City-State-Zip: TAMPA FL 33612

Title            D/VICE CHAIRMAN  
Name            MUMA, LES  
Address        100 PALMETTO ROAD  
City-State-Zip: BELLEAIR FL 33756

Title            DIRECTOR  
Name            EISCH, JIM  
Address        14480 - 62ND STREET  
City-State-Zip: CLEARWATER FL 33760

Title            DIRECTOR  
Name            DUSS, GREG  
Address        10617 LOW OAK TERACE  
City-State-Zip: THONOTASASSA FL 33592

Title            DIRECTOR  
Name            GATES, TOM  
Address        20621 AMANDA COURT  
City-State-Zip: LAND O'LAKES FL 34638

Title            DIRECTOR  
Name            MOSHER, JOHN  
Address        111 N. BELCHER RD., SUITE 102  
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: TRACY WEST**

**PRESIDENT**

**03/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WOOLARD, DOUG  
Address        1591 GULF BLVD., UNIT 701  
City-State-Zip: CLEARWATER BEACH FL 33767