

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769717

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

04/20/2015

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 ROBBINS, DAVID D
Address 2210 PELHAM ROAD NORTH
City-State-Zip: ST. PETERSBURG FL 33710

Title D/CHAIRMAN
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 D/SECRETARY/TREASURER
Name MURPHY, BRUCE
Address 951 BYSHORE BLVD.
City-State-Zip: SAFETY HARBOR FL 34695

Title DIRECTOR
Name BARLOW, RONICE
Address 100 FOUNTAIN PARKWAY
City-State-Zip: ST. PETERSBURG FL 33616

Title DIRECTOR
Name CAMPBELL, RON
Address 5117 W. POE AVENUE
City-State-Zip: TAMPA FL 33629

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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: TRACY WEST

PRESIDENT

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CAVNER, HOLLIS
Address 301 FISHERMANS WAY
City-State-Zip: JUPITER FL 33477

Title DIRECTOR
Name FITZPATRICK, MARK
Address 18520 N. DALE MABRY HWY
City-State-Zip: LUTZ FL 33548

Title DIRECTOR
Name FOX, ASHLEY
Address 1950 ARROWHEAD DRIVE, NE
City-State-Zip: ST. PETERSBURG FL 33703

Title DIRECTOR
Name LEIWEKE, TOD
Address 401 CHANNELSIDE DRIVE
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name ROBINSON, KEITH J.
Address 150 2ND AVENUE, #1400
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name FALK, CHIP
Address 28050 US 19, N. SUITE 201
City-State-Zip: CLEARWATER FL 33761

Title DIRECTOR
Name FLAHARTY,, SHON
Address 311 PARK PLACE BLVD., SUITE 150
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name GRASKA, DOUGLAS
Address 18167 US 19, N., SUITE 200
City-State-Zip: CLEARWATER FL 33764

Title DIRECTOR
Name MCGIVNEY, ROBERT
Address 3711 TAMPA ROAD, SUITE 103
City-State-Zip: OLDSMAR FL 34677