

2019 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

02/11/2019

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 VICE GENERAL CHAIRMAN
Name EISCH, JIM
Address 14480 - 62ND STREET
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR
Name MOSHER, JOHN
Address 111 N. BELCHER RD., SUITE 102
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR
Name BARBER, RONDE
Address 17119 JOURNEYS END DRIVE
City-State-Zip: ODESSA FL 33556

Title PRIOR GENERAL CHAIRMAN/DIRECTOR
Name MUMA, LES
Address 100 PALMETTO ROAD
City-State-Zip: BELLEAIR FL 33756

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

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

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

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

TOURNAMENT DIRECTOR 02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR/LEGAL CHAIR
Name CANTONIS, ALLIE
Address 557 BAYVIEW DRIVE
City-State-Zip: BELLEAIR FL 33756

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

Title DIRECTOR
Name PETRINI, RON
Address 2750 EAGLE AVENUE NORTH
City-State-Zip: ST. PETE FL 33716

Title DIRECTOR
Name SULLIVAN, CHRIS
Address 1511 N. WEST SHORE BLVD.
#750
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name JONES, PETER
Address 308 MAGNOLIA DRIVE
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name DALY, JIM
Address 400 N TAMPA ST
#2500
City-State-Zip: TAMPA FL 33602

Title GENERAL CHAIRMAN/DIRECTOR
Name ROBINSON, KEITH
Address 8058 - 12TH AVENUE SOUTH
City-State-Zip: ST. PETE FL 33707

Title DIRECTOR
Name DOYLE, JR., DAN
Address 5109 W. LEMON STREET
City-State-Zip: TAMPA FL 33609

Title FINANCE CHAIR
Name SMITHSON, LISA
Address 11201 CORPORATE CIRCLE N.
#120
City-State-Zip: ST. PETE FL 33716

Title DIRECTOR
Name ASTRAB, JOHN
Address 540 HARBOR GROVE CIRCLE
City-State-Zip: SAFETY HARBOR FL 34695

Title DIRECTOR
Name BOUCHARD, RAY
Address 1550 SANTA BARBARA DRIVE
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR
Name COURIS, JOHN
Address P.O. BOX 1289
City-State-Zip: TAMPA FL 33601