

**2023 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

03/05/2023

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

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

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

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

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

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

**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 ANN WEST

**PRESIDENT**

03/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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 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 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