

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769993

Entity Name: THE WESTSHORE ALLIANCE, INC.**Current Principal Place of Business:**3109 W. DR. MLK JR BLVD.
SUITE 140
TAMPA, FL 33607**Current Mailing Address:**3109 W. DR. MLK JR BLVD.
SUITE 140
TAMPA, FL 33607 US**FEI Number:** 59-2330147**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KULIG, ANN M
3109 W. DR. MLK JR. BLVD.
SUITE 140
TAMPA, FL 33607 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:** ANN M. KULIG

02/23/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name KULIG, ANN M
Address 3109 W. DR. MLK JR BLVD.
SUITE 140
City-State-Zip: TAMPA FL 33607

Title IMMEDIATE PAST PRESIDENT
Name SKELTON, DONALD J
Address 3109 W. DR. MLK JR BLVD.
SUITE 140
City-State-Zip: TAMPA FL 33607

Title PRESIDENT
Name KELLY, PATRICK
Address 3109 W. DR. MLK JR BLVD.
SUITE 140
City-State-Zip: TAMPA FL 33607

Title VP
Name TINKLER, KENNETH A
Address 3109 W. DR. MLK JR BLVD.
SUITE 140
City-State-Zip: TAMPA FL 33607

Title SECRETARY
Name FOWLER, MELANIE
Address 3109 W. DR. MLK JR BLVD.
SUITE 140
City-State-Zip: TAMPA FL 33607

Title TREASURER
Name WATTERS, ASHLEY
Address 3109 W. DR. MLK JR BLVD.
SUITE 140
City-State-Zip: TAMPA FL 33607

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: ANN KULIG

EXECUTIVE DIRECTOR

02/23/2021

Electronic Signature of Signing Officer/Director Detail

Date