

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004773

**Entity Name:** PASTORS ON PATROL OF TAMPA BAY, INC.

**Current Principal Place of Business:**

6503 N. 15TH STREET  
TAMPA, FL 33610

**Current Mailing Address:**

6503 N. 15TH STREET  
TAMPA, FL 33610 US

**FEI Number: 13-4214374**

**Certificate of Status Desired: No**

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

JOHNSON, JOE LREV.  
10144 ARBOR RUN DRIVE  
UNIT 9  
TAMPA, FL 33647 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: JOE JOHNSON**

**02/20/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name NATHAN, CLARENCE  
Address 6503 N. 15TH STREET  
City-State-Zip: TAMPA FL 33610

Title VD  
Name REED, JAMES  
Address 3901 N. 37TH STREET  
City-State-Zip: TAMPA FL 33610

Title SD  
Name MACK, VICTOR  
Address 3901 N. 37TH STREET  
City-State-Zip: TAMPA FL 33610

Title DIRECTOR  
Name JOHNSON, JOE REV  
Address 10144 ARBOR RUN DRIVE UNIT 9  
City-State-Zip: TAMPA FL 33647

Title TREASURER  
Name DAWSON, JAMES  
Address 10216 RIDGELAKE DRIVE  
City-State-Zip: LUTZ FL 33459

Title DIRECTOR  
Name DAVIS, PRENTISS  
Address 4012 EAST HENRY AVENUE  
City-State-Zip: TAMPA FL 33610

Title DIRECTOR  
Name COX, W. WARD  
Address 6909 N. ALBANY AVENUE  
City-State-Zip: TAMPA FL 33604

*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: JOE JOHNSON**

**DIRECTOR**

**02/20/2024**

Electronic Signature of Signing Officer/Director Detail

Date