

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009752

**Entity Name:** CHILDREN'S AIDS FOUNDATION OF TAMPA BAY INC.**Current Principal Place of Business:**4726 SUNRISE DRIVE S.  
ST. PETERSBURG, FL 33705**Current Mailing Address:**P.O. BOX 4049  
TAMPA, FL 33677 US**FEI Number: 55-0816294****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILLS, PETER  
4726 SUNRISE DRIVE S.  
ST. PETERSBURG, FL 33705 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | BOARD OF DIRECTORS    |
| Name            | DICKENS, WILLIAM      |
| Address         | 3709 W. CORONA STREET |
| City-State-Zip: | TAMPA FL 33629        |

|                 |                                |
|-----------------|--------------------------------|
| Title           | PRESIDENT                      |
| Name            | ENGLERT, JAMES                 |
| Address         | 1120 E. KENNEDY BLVD, UNIT 411 |
| City-State-Zip: | TAMPA FL 33602                 |

|                 |                   |
|-----------------|-------------------|
| Title           | S                 |
| Name            | WHITNEY, DIANE    |
| Address         | 130 CAMELIA COURT |
| City-State-Zip: | OLDSMAR FL 34677  |

|                 |                   |
|-----------------|-------------------|
| Title           | T                 |
| Name            | HILLS, PETER      |
| Address         | 404 S ORLEANS AVE |
| City-State-Zip: | TAMPA FL 33606    |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | MARTIN, WAYNE          |
| Address         | 4726 SUNRISE DRIVE S.  |
| City-State-Zip: | ST PETERSBURG FL 33705 |

*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: PETER HILLS****TREASURER****03/09/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date