

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007818

Entity Name: TEAM SURVIVOR TAMPA BAY, INC.**Current Principal Place of Business:**405 S DALE MABRY HIGHWAY
SUITE 117
TAMPA, FL 33609**Current Mailing Address:**405 S DALE MABRY HIGHWAY
SUITE 117
TAMPA, FL 33609 US**FEI Number:** 20-3337608**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'CONNELL, LIZ
6 ACADEMY WAY
223
ST PETERSBURG, FL 33711 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 PRESIDENT
Name HOLBROOK, DEENA
Address 910 TERRA MAR DR
City-State-Zip: TAMPA FL 33613Title VP
Name DIXON, KATE
Address 11515 65TH AVENUE N
City-State-Zip: SEMINOLE FL 33772Title SECRETARY
Name STIDHAM, SHARON
Address 2683 ST JOSEPH DRIVE EAST
City-State-Zip: DUNEDIN FL 34698Title TREASURER
Name WALENDZIK, PAMELA J
Address 1248 JASMINE LAKE DRIVE
City-State-Zip: TARPON SPRINGS FL 34689Title VP FUNDRAISING
Name HARRIS, STEFFANIE
Address 5613 S SHERIDAN RD
City-State-Zip: TAMPA FL 33611Title VP PUBLIC RELATIONS
Name WILLIAMS, MONZITA
Address 3801 FAWNMIST DR
City-State-Zip: WESLEY CHAPEL FL 33544

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: SHARON STIDHAM**SECRETARY****03/08/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date