

**2017 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:** Yes**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	PEAYS, DONNA
Address	2084 68TH AVE S
City-State-Zip:	ST PETERSBURG FL 33712

Title	VP
Name	DIXON, KATE
Address	11515 65TH AVENUE N
City-State-Zip:	SEMINOLE FL 33772

Title	SECRETARY
Name	WALENDZIK, PAMELA J
Address	1248 JASMINE LAKE DR
City-State-Zip:	TARPON SPRINGS FL 34689

Title	TREASURER
Name	ALTMAN, MARTHA
Address	2417 W JETTON AVE
City-State-Zip:	TAMPA FL 33629

Title	VP FUNDRAISING
Name	HOLBROOK, DEENA
Address	910 TERRA MAR DR
City-State-Zip:	TAMPA FL 33613

Title	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:** PAMELA WALENDZIK**SECRETARY****03/14/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date