

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007818

Entity Name: TEAM SURVIVOR TAMPA BAY, INC.**Current Principal Place of Business:**30662 USF HOLLY DR.
TAMPA, FL 33620-3066**Current Mailing Address:**30662 USF HOLLY DR.
TAMPA, FL 33620-3066**FEI Number:** 20-3337608**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**O'CONNELL, LIZ
16104 DOWLING CT
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title	VP
Name	KOVACH, HELEN
Address	8822 BALFOUR RD
City-State-Zip:	TAMPA FL 33635

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

Title	TREASURER
Name	PEAYS, DONNA
Address	2084 68TH AVE S ST
City-State-Zip:	ST PETERSBURG FL 33712

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

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****02/06/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date