

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

DOCUMENT# N07000000311

**Entity Name:** SHOE GIVER OF TAMPA, INC.

**Current Principal Place of Business:**

8902 N DALE MABRY HWY  
SUITE 200  
TAMPA, FL 33614

**Current Mailing Address:**

8902 N DALE MABRY HWY  
SUITE 200  
TAMPA, FL 33614

**FEI Number:** 20-8161812

**Certificate of Status Desired:** No

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

RICE, MITCHELL F.  
8902 N DALE MABRY HWY  
SUITE 200  
TAMPA, FL 33614 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:** MITCHELL F. RICE

04/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name RICE, MITCHELL F  
Address 8902 N DALE MABRY HWY, STE 200  
City-State-Zip: TAMPA FL 33614

Title D  
Name LEVIN RICE, SUZANNE BARI  
Address 8902 N DALE MABRY HWY, STE 200  
City-State-Zip: TAMPA FL 33614

Title SEC  
Name JOHNSON, KIM  
Address 8902 N DALE MABRY HWY, STE 200  
City-State-Zip: TAMPA FL 33614

*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:** MITCHELL F RICE

**DIRECTOR**

04/16/2024

Electronic Signature of Signing Officer/Director Detail

Date