

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003041

Entity Name: VILLAGE INSTITUTE FOR SUSTAINABLE TECHNOLOGIES AND AGRICULTURE, INC.**FILED**
Feb 01, 2016
Secretary of State
CC0051948350**Current Principal Place of Business:**13572 SOUTH VILLAGE DRIVE
TAMPA, FL 33618**Current Mailing Address:**5006 CHATTAM LANE
TAMPA, FL 33624**FEI Number: 26-2532379****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WEST, WILLIAM J
5006 CHATTAM LANE
TAMPA, FL 33624 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	WEST, WILLIAM J
Address	5006 CHATTAM LANE
City-State-Zip:	TAMPA FL 33624

Title	TREASURER
Name	BAXTER GIBSON, SUSAN R
Address	13572 SOUTH VILLAGE DRIVE
City-State-Zip:	TAMPA FL 33618

Title	SECRETARY
Name	GREBENSCHIKOFF, JENNIFER
Address	13572 SOUTH VILLAGE DRIVE
City-State-Zip:	TAMPA FL 33618

Title	DIRECTOR
Name	MAHLMEISTER, BARBARA
Address	13572 SOUTH VILLAGE DRIVE
City-State-Zip:	TAMPA FL 33618

Title	VC
Name	KLEINER, MARTIN
Address	13572 SOUTH VILLAGE DRIVE
City-State-Zip:	TAMPA FL 33618

Title	DIRECTOR
Name	WALLACE, ANNE
Address	13572 SOUTH VILLAGE DRIVE
City-State-Zip:	TAMPA FL 33618

Title	DIRECTOR
Name	MARKS, JOSHUA
Address	13572 SOUTH VILLAGE DRIVE
City-State-Zip:	TAMPA FL 33618

Title	DIRECTOR
Name	EDWARDS, CORINNA
Address	13572 SOUTH VILLAGE DRIVE
City-State-Zip:	TAMPA FL 33618

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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: SUSAN BAXTER GIBSON**TREASURER****02/01/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BERNARD, TERRISA
Address 13572 SOUTH VILLAGE DRIVE
City-State-Zip: TAMPA FL 33618

Title DIRECTOR
Name WOOTEN, LEAH
Address 13572 SOUTH VILLAGE DRIVE
City-State-Zip: TAMPA FL 33618

Title DIRECTOR
Name GIBSON, JAMES B.P.
Address 13572 SOUTH VILLAGE DRIVE
City-State-Zip: TAMPA FL 33618