

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002116

**Entity Name:** ACE MENTOR PROGRAM OF GREATER TAMPA BAY, INC.

**Current Principal Place of Business:**

4030 WEST BOY SCOUT BLVD., SUITE 700  
TAMPA, FL 33607

**Current Mailing Address:**

4030 WEST BOY SCOUT BLVD., SUITE 700  
TAMPA, FL 33607

**FEI Number:** 27-5385636

**Certificate of Status Desired:** No

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

DAVIS, LISA B  
C/O ATKINS  
4030 WEST BOY SCOUT BLVD., SUITE 700  
TAMPA, FL 33607 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 D  
Name DAVIS, LISA B  
Address 4030 WEST BOY SCOUT BLVD., SUITE 700  
City-State-Zip: TAMPA FL 33607

Title D  
Name BLEDSOE, STACEY  
Address 3810 NORTHDAL BLVD., SUITE 200  
City-State-Zip: TAMPA FL 33624

Title D  
Name SCHLENKER, CHRIS  
Address 4890 W. KENNEDY BLVD., SUITE 950  
City-State-Zip: TAMPA FL 33609

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:** CHRIS SCHLENKER

TRES.

02/26/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date