

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003041

**Entity Name:** GREATER TAMPA BAY ORAL HEALTH COALITION, INC.

**Current Principal Place of Business:**

13110 ELK MOUNTAIN DR  
RIVERVIEW, FL 33579

**Current Mailing Address:**

13110 ELK MOUNTAIN DR  
RIVERVIEW, FL 33579

**FEI Number: 45-4927872**

**Certificate of Status Desired: No**

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

GOODWIN, SONIA  
13110 ELK MOUNTAIN DR  
RIVERVIEW, FL 33579 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           DIRECTOR  
Name           HERREMANS, KIM  
Address        13110 ELK MOUNTAIN DR  
City-State-Zip: RIVERVIEW FL 33579

Title           P  
Name           HODGE, KAREN  
Address        539 8TH ST  
City-State-Zip: PALM HARBOR FL 34683

Title           S  
Name           JOHNSON, KELLI  
Address        9809 MAGNOLIA VIEW CT APT 202  
City-State-Zip: RIVERVIEW FL 33578

Title           T  
Name           GOODWIN, SONIA  
Address        13110 ELK MOUNTAIN DR  
City-State-Zip: RIVERVIEW FL 33579

*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: KELLI JOHNSON**

**SECRETARY**

**01/24/2013**

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

\_\_\_\_\_  
Date