

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006131

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC4137680567**

**Entity Name:** SULPHUR SPRINGS NEIGHBORHOOD OF PROMISE, INC.

**Current Principal Place of Business:**

C/O SHEFF CROWDER  
3410 HENDERSON BOULEVARD, SUITE 200  
TAMPA, FL 33609

**Current Mailing Address:**

C/O SHEFF CROWDER  
3410 HENDERSON BOULEVARD, SUITE 200  
TAMPA, FL 33609

**FEI Number:** 47-1216272

**Certificate of Status Desired:** No

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

CROWDER, SHEFF  
3410 HENDERSON BOULEVARD  
SUITE 200  
TAMPA, FL 33609 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 CHAIRMAN  
Name CROWDER, SHEFF  
Address 3410 HENDERSON BOULEVARD  
City-State-Zip: TAMPA FL 33609

Title VC  
Name LEEKS, JACQUE  
Address 3410 HENDERSON BOULEVARD  
City-State-Zip: TAMPA FL 33609

Title SECRETARY  
Name WHALEY, MARY LOU  
Address 3410 HENDERSON BOULEVARD  
City-State-Zip: TAMPA FL 33609

Title TREASURER  
Name MCEWEN, BRIAN  
Address 3410 HENDERSON BOULEVARD  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name WILLIAMS, KIM  
Address 3410 HENDERSON BOULEVARD,  
SUITE 200  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name NEGRON, MARIA  
Address 3410 HENDERSON BOULEVARD,  
SUITE 200  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name ROSS HOLMES, MIRAY  
Address 3410 HENDERSON BOULEVARD,  
SUITE 200  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name ALLEN, JOHN  
Address 3410 HENDERSON BOULEVARD,  
SUITE 200  
City-State-Zip: TAMPA FL 33609

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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:** SHEFF CROWDER

**CHAIRMAN**

**01/10/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RIGGINS, CAROLYN  
Address 3410 HENDERSON BOULEVARD, SUITE 200  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name SILAS, EARL  
Address 3410 HENDERSON BOULEVARD, SUITE 200  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name IVERY, EMERY  
Address 3410 HENDERSON BOULEVARD, SUITE 200  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name LOOBY, TOM  
Address 3410 HENDERSON BOULEVARD, SUITE 200  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name SHEPPARD, DELOIS  
Address 3410 HENDERSON BOULEVARD,  
SUITE 200  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name KUCHER, ED  
Address 3410 HENDERSON BOULEVARD,  
SUITE 200  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name GOLDSTEIN, HOWARD  
Address 3410 HENDERSON BOULEVARD,  
SUITE 200  
City-State-Zip: TAMPA FL 33609