

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000006131

Entity Name: SULPHUR SPRINGS NEIGHBORHOOD OF PROMISE, INC.

FILED
May 04, 2024
Secretary of State
4286508663CC

Current Principal Place of Business:

C/O JACQUELINE COFFIE LEEKS
8117 N. 13TH STREET
TAMPA, FL 33604

Current Mailing Address:

1001 E YUKON ST
TAMPA, FL 33604 US

FEI Number: 47-1216272

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEEKES, JACQUELINE COFFIE
1001 E YUKON ST
TAMPA, FL 33604 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: JACQUELINE C LEEKS

05/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name LEEKES, JACQUELINE C
Address 1001 E YUKON ST
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name MITCHELL, MATT
Address SSNOP
110 E. OAK
City-State-Zip: TAMPA FL 33602

Title OTHER
Name ROSS HOLMES, MIRAY
Address C/O JACQUELINE COFFIE LEEKS
8117 N. 13TH STREET
City-State-Zip: TAMPA FL 33604

Title SECRETARY
Name SMITH-MCBRIDE, REGINA
Address C/O JACQUELINE COFFIE LEEKS
8117 N. 13TH STREET
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name GALLIMORE, TANYA
Address C/O JACQUELINE COFFIE LEEKS
8117 N. 13TH STREET
City-State-Zip: TAMPA FL 33604

Title TREASURER
Name JACKSON, HAROLD
Address C/O JACQUELINE COFFIE LEEKS
8117 N. 13TH STREET
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name MILLER, KIMBERLY
Address C/O JACQUELINE COFFIE LEEKS
8117 N. 13TH STREET
City-State-Zip: TAMPA FL 33604

Title VC
Name GOLDSTEIN, HOWARD
Address C/O JACQUELINE COFFIE LEEKS
8117 N. 13TH STREET
City-State-Zip: TAMPA FL 33604

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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: JACQUELINE C. LEEKS

EXECUTIVE DIRECTOR

05/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HAILE, AMY
Address LAYLA'S HOUSE
1506 E. ESKIMO AVE
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name JOHNSON, RUSSELL
Address C/O JACQUELINE COFFIE LEEKS
8117 N. 13TH STREET
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name SMITHYMAN, MEAGAN
Address SULPHUR SPRINGS K-8 COMMUNITY
SCHOOL
8412 N. 13TH STREET
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name EDWIN-WILLIAMS, TAISHA
Address C/O JACQUELINE COFFIE LEEKS
8117 N. 13TH STREET
City-State-Zip: TAMPA FL 33604