

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006131

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

**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:** No

**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

05/25/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name REYES, LAUREN  
Address YMCA  
110 E. OAK AVE  
City-State-Zip: TAMPA FL 33602

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

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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

05/25/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name WHITTEN, PHILIP  
Address 8608 N. 12TH 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 CHAIRMAN  
Name GARCIA, JOSE  
Address C/O JACQUELINE COFFIE LEEKS  
8117 N. 13TH STREET  
City-State-Zip: TAMPA FL 33604

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