

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 16, 2018
Secretary of State
CC6784319060

Entity Name: SULPHUR SPRINGS NEIGHBORHOOD OF PROMISE, INC.

Current Principal Place of Business:

C/O JACQUELINE COFFIE LEEKS
1419 W. WATERS AVE SUITE 117
TAMPA, FL 33604

Current Mailing Address:

C/O JACQUELINE COFFIE LEEKS
1419 W. WATERS AVE SUITE 117
TAMPA, FL 33604 US

FEI Number: 47-1216272

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEEKs, JACQUELINE COFFIE
C/O JACQUELINE COFFIE LEEKS
1419 W. WATERS AVE SUITE 117
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

04/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CROWDER, SHEFF
Address SSNOP
1419 W. WATERS AVE SUITE 117
City-State-Zip: TAMPA FL 33604

Title EXECUTIVE DIRECTOR
Name LEEKS, JACQUE
Address C/O JACQUELINE COFFIE LEEKS
1419 W. WATERS AVE SUITE 117
City-State-Zip: TAMPA FL 33604

Title CHAIR
Name WHALEY, MARY LOU
Address C/O SSNOP
1419 W. WATERS AVE SUITE 117
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name QADREE, SAIMA
Address SSNOP
1419 W. WATERS AVE SUITE 117
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name NEGRON, MARIA
Address C/O JACQUELINE COFFIE LEEKS
1419 W. WATERS AVE SUITE 117
City-State-Zip: TAMPA FL 33604

Title VICE CHAIR
Name ROSS HOLMES, MIRAY
Address SSNOP
1419 W. WATERS AVE SUITE 117
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name SMITH-MCBRIDE, REGINA
Address C/O JACQUELINE COFFIE LEEKS
1419 W. WATERS AVE SUITE 117
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name GALLIMORE, TANYA
Address C/O JACQUELINE COFFIE LEEKS
1419 W. WATERS AVE SUITE 117
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

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCCOY, RESHEEMA
Address SSNOP
1419 W. WATERS AVE SUITE 117
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name IVERY, EMERY
Address C/O JACQUELINE COFFIE LEEKS
1419 W. WATERS AVE SUITE 117
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name MITCHELL, MATT
Address C/O JACQUELINE COFFIE LEEKS
1419 W. WATERS AVE SUITE 117
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name HAILLE, AMY
Address SSNOP
1419 W. WATERS AVE SUITE 117
City-State-Zip: TAMPA FL 33604

Title SECRETARY.TREASURE
Name JACKSON, HAROLD
Address C/O JACQUELINE COFFIE LEEKS
1419 W. WATERS AVE SUITE 117
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name GOLDSTEIN, HOWARD
Address C/O JACQUELINE COFFIE LEEKS
1419 W. WATERS AVE SUITE 117
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name GARCIA, JOSE
Address C/O JACQUELINE COFFIE LEEKS
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