

2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N15000009465

Entity Name: ALTRUSA INTERNATIONAL OF TAMPA BAY, INC.**Current Principal Place of Business:**C/O LOIS ZARDINSKAS
4223 S. SANDALWOOD CIRCLE
TAMPA, FL 33617**Current Mailing Address:**C/O LOIS ZARDINSKAS
4223 S. SANDALWOOD CIRCLE
TAMPA, FL 33617**FEI Number:** 47-5257527**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZARDINSKAS, LOIS
4223 S. SANDALWOOD CIRCLE
TAMPA, FL 33617 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:** LOIS ZARDINSKAS

10/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PD
Name MILLER, SHARON
Address 453 TRINIDAD LANE
City-State-Zip: LARGO FL 33770Title VD
Name FREDETTE, GINA
Address 906 W. TERRACE DRIVE
City-State-Zip: PLANT CITY FL 33563Title SD
Name ENGLE, ANNA M
Address 18930 CRESCENT ROAD
City-State-Zip: ODESSA FL 33556Title TD
Name ZARDINSKAS, LOIS
Address 4223 S. SANDLEWOOD CIRCLE
City-State-Zip: TAMPA FL 33617Title PD
Name HINES, EILEEN
Address 9720 CYPRESS POND AVENUE
City-State-Zip: TAMPA FL 33647Title D
Name BELL, KELLY
Address 15108 ALEXIS DRIVE
City-State-Zip: TAMPA FL 33624

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: LOIS ZARDINSKAS**TREASURER**

10/25/2016

Electronic Signature of Signing Officer/Director Detail

Date