

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000008373

Entity Name: CAFE CON TAMPA INC.**Current Principal Place of Business:**2909 W. BAY TO BAY BLVD. SUITE 108
TAMPA, FL 33629**Current Mailing Address:**2909 W. BAY TO BAY BLVD. SUITE 108
TAMPA, FL 33629 US**FEI Number:** 82-2505831**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEAKIN, BARBARA
2909 W. BAY TO BAY BLVD. SUITE 108
TAMPA, FL 33629 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 D, PRESIDENT
Name SUMMERVILLE, PATRICIA J
Address 2107 W. DEKLE AVE.
City-State-Zip: TAMPA FL 33606

Title D
Name ACOSTA, DELPHIN J
Address 1903 W. BRISTOL AVE
City-State-Zip: TAMPA FL 33606

Title D
Name CARLSON, JR., WILLIAM E
Address ONE TAMPA CITY CENTER, SUITE
2760
City-State-Zip: TAMPA FL 33602

Title D, SECRETARY, TREASURER
Name DEAKIN, BARBARA A
Address 1408 S. DE SOTO AVE
City-State-Zip: TAMPA FL 33606

Title D, VP
Name RIEF, III, FRANK J
Address 202 S. ROME AVE. SUITE 100
City-State-Zip: TAMPA FL 33606

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: BARBARA DEAKIN**TREASURER****03/14/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date