

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000008373

**Entity Name:** CAFE CON TAMPA INC.

**Current Principal Place of Business:**

2905 BAYSHORE BLVD  
SUITE 200  
TAMPA, FL 33629

**FILED**  
**Mar 10, 2023**  
**Secretary of State**  
**1754473669CC**

**Current Mailing Address:**

2905 BAYSHORE BLVD  
SUITE 200  
TAMPA, FL 33629 US

**FEI Number: 82-2505831**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DEAKIN, BARBARA  
2905 BAYSHORE BLVD  
SUITE 200  
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 1907 W. DEKLE AVE.  
APT 8  
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 1308 E 7TH AVENUE  
City-State-Zip: TAMPA FL 33605

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**

**SECRETARY**

**03/10/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date