

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000010798

**Entity Name:** TAMPA ALPHA DELTA PI ALUMNAE CHAPTER INC.

**Current Principal Place of Business:**

401 HARBOUR PLACE DRIVE  
1219  
TAMPA, FL 33602

**Current Mailing Address:**

401 HARBOUR PLACE DRIVE  
APT 1219  
TAMPA, FL 33602 US

**FEI Number:** 84-3389947

**Certificate of Status Desired:** No

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

STUART, LAUREN  
401 HARBOUR PLACE DRIVE  
1219  
TAMPA, FL 33602 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 P  
Name STUART, LAUREN  
Address 401 HARBOUR PLACE DRIVE  
1219  
City-State-Zip: TAMPA FL 33602

Title VP  
Name TAVOLARO, STEPHANIE  
Address 4517 NEPTUNE DRIVE  
City-State-Zip: HERNANDO BEACH FL 34607

Title VP  
Name GRAHAM, MELISSA  
Address 6001 PALM SHADOW WAY #1016  
City-State-Zip: TAMPA FL 33647

*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:** LAUREN STUART

**PRESIDENT**

**02/22/2021**

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

\_\_\_\_\_  
Date