

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24225

Entity Name: LEADERSHIP TAMPA BAY, INC.**Current Principal Place of Business:**4115 W SPRUCE STREET
TAMPA, FL 33607**Current Mailing Address:**POST OFFICE BOX 1315
TAMPA, FL 33601 US**FEI Number:** 59-2976382**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BESSETTE, ALICE
7106 COLONIAL LAKE DRIVE
RIVERVIEW, FL 33578 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	CHAIRMAN
Name	JACKSON, DANNY
Address	POST OFFICE BOX 1315
City-State-Zip:	TAMPA FL 33601

Title	VC
Name	LINDEMUTH, SARAH
Address	POST OFFICE BOX 1315
City-State-Zip:	TAMPA FL 33601

Title	EXECUTIVE DIRECTOR
Name	BESSETTE, ALICE
Address	P O BOX 1315
City-State-Zip:	TAMPA FL 33601

Title	TREASURER
Name	ADAMS, DAVID
Address	POST OFFICE BOX 1315
City-State-Zip:	TAMPA FL 33601

Title	SECRETARY
Name	MADINE, DAN
Address	POST OFFICE BOX 1315
City-State-Zip:	TAMPA FL 33601

Title	PAST CHAIR
Name	RICHESON, BRIAN
Address	POST OFFICE BOX 1315
City-State-Zip:	TAMPA FL 33601

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: ALICE BESSETTE**EXECUTIVE DIRECTOR****02/04/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date