

2018 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 TREASURER
Name ADAMS, DAVID
Address POST OFFICE BOX 1315
City-State-Zip: TAMPA FL 33601

Title CHAIRMAN
Name HIMES, STEVE
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 VC
Name JARRETT, TIM
Address POST OFFICE BOX 1315
City-State-Zip: TAMPA FL 33601

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

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

Title SECRETARY
Name RYGIEL, FRANK
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****02/15/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date