

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24225

Entity Name: LEADERSHIP TAMPA BAY, INC.**Current Principal Place of Business:**14620 SCOTTBURGH GLEN DRIVE
WIMAUMA, FL 33598**Current Mailing Address:**POST OFFICE BOX 1315
TAMPA, FL 33601 US**FEI Number:** 59-2976382**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BESSETTE, ALICE
14620 SCOTTBURGH GLEN DRIVE
WIMAUMA, FL 33598 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	MILLER, SKIP
Address	POST OFFICE BOX 1315
City-State-Zip:	TAMPA FL 33601

Title	PAST CHAIRMAN
Name	BAKER, JASON
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	CHAIRMAN
Name	NEWKIRK, NANCY PFORDRESHER
Address	POST OFFICE BOX 1315
City-State-Zip:	TAMPA FL 33601

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

Title	SECRETARY
Name	MCCOLLUM, MIKE
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****02/05/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date