

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36933

Entity Name: TOBA FOUNDATION, INC.**Current Principal Place of Business:**10014 WATER WORKS LANE
RIVERVIEW, FL 33578**Current Mailing Address:**P.O. BOX 3485
TAMPA, FL 33622 US**FEI Number:** 59-3154126**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARIS, CLINTON
10014 WATER WORKS LANE
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	D
Name	RAMSON, JAMES
Address	P.O. BOX 3485
City-State-Zip:	TAMPA FL 33622

Title	D
Name	RHODES, JEFFREY
Address	P.O.BOX 3485
City-State-Zip:	TAMPA FL 33622

Title	D
Name	PARIS, CLINTON
Address	P.O. BOX 3485
City-State-Zip:	TAMPA FL 33622

Title	DIRECTOR
Name	BERRY, BELINTHIA
Address	P.O. BOX 3485
City-State-Zip:	TAMPA FL 33622

Title	DIRECTOR
Name	DANIELS , ROLAND
Address	P.O. BOX 3485
City-State-Zip:	TAMPA FL 33622

Title	DIRECTOR
Name	SHANNON , LARRY DR.
Address	P.O. BOX 3485
City-State-Zip:	TAMPA FL 33622

Title	DIRECTOR
Name	CHERRY , GLENN DR.
Address	P.O. BOX 3485
City-State-Zip:	TAMPA FL 33622

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: CLINTON PARIS**DIRECTOR****04/19/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date