

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001148

**Entity Name:** PARTNERSHIP FOR PHILANTHROPIC PLANNING OF TAMPA BAY, INC.**FILED**  
**Jan 29, 2014**  
**Secretary of State**  
**CC6596403015****Current Principal Place of Business:**500 7TH AVE S  
C/O LYDIA BAILEY  
ST PETERSBURG, FL 33731**Current Mailing Address:**%JANE WATTERS  
PO BOX 55234  
ST. PETERSBURG, FL 33732 US**FEI Number: 59-3223135****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BAILEY, LYDIA  
500 7TH AVE S  
ST PETERSBURG, FL 33731 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	DIRECTOR
Name	BAILEY, LYDIA
Address	500 7TH AVE S
City-State-Zip:	ST PETERSBURG FL 33731

Title	DIRECTOR
Name	ROTH, WILLIAM F
Address	401 W KENNEDY BLVD BOX H
City-State-Zip:	TAMPA FL 33606

Title	PAST PRESIDENT
Name	HARTLAND, KRISTINE
Address	7178 SEMINOLE BLVD
City-State-Zip:	SEMINOLE FL 33772

Title	SECRETARY
Name	WILLIAMS, JIM
Address	10596 GANDY BLVD.
City-State-Zip:	SAINT PETERSBURG FL 33701

Title	DIR
Name	BROWN, DARYL
Address	6775 CROSSWINDS DR. N
City-State-Zip:	SAINT PETERSBURG FL 33701

Title	TREASURER
Name	DEMACARTY, REBECCA L
Address	601 BAYSHORE BLVD. SUITE 830
City-State-Zip:	TAMPA FL 33606

Title	PRESIDENT
Name	VAN DE PUTTE, KAREN
Address	%JANE WATTERS PO BOX 17434
City-State-Zip:	CLEARWATER FL 33762

Title	DIRECTOR
Name	AMUNDRUD, LISE
Address	%JANE WATTERS PO BOX 17434
City-State-Zip:	CLEARWATER FL 33762

**Continues on page 2**

*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: REBECCA L DEMACARTY****TREASURER****01/29/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MCLAIN, BEVERLEY
Address	%JANE WATTERS PO BOX 17434
City-State-Zip:	CLEARWATER FL 33762