## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001148

Entity Name: CHARITABLE GIFT PLANNERS OF TAMPA BAY, INC.

**FILED** Feb 27, 2023 **Secretary of State** 0559506775CC

## **Current Principal Place of Business:**

4300 W. CYPRESS ST.

SUITE 700

TAMPA, FL 33607

## **Current Mailing Address:**

PO BOX 2092

ST. PETERSBURG, FL 33731 US

FEI Number: 59-3223135 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BOYLE, DENYVE 4300 W. CYORESS STREET SUITE 700 TAMPA, FL 33607 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: DENYVE BOYLE 02/27/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title PAST PRESIDENT BAILEY, LYDIA VALENTINE, LAURIE Name Name Address

500 7TH AVENUE SOUTH 4300 W. CYORESS ST. Address

SUITE 700 ST. PETERSBURG FL 33701

City-State-Zip: TAMPA FL 33607 City-State-Zip:

Title **PRESIDENT** Title **SECRETARY** 

Name BOYLE, DENYVE Name WEISS, ELLEN

4300 W. CYPRESS STREET Address Address 13009 COMMUNITY CAMPUS DR. SUITE 700

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33625

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.

**PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail