

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 07, 2013
Secretary of State
CC6042339102

Entity Name: PARTNERSHIP FOR PHILANTHROPIC PLANNING OF TAMPA BAY, INC.

Current Principal Place of Business:

500 7TH AVE S
C/O LYDIA BAILEY
ST PETERSBURG, FL 33731

Current Mailing Address:

%JANE WATTERS
PO BOX 17434
CLEARWATER, FL 33762

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 DIR
Name DIETRICH, PAUL
Address 9056 WEATHERLY ROAD
City-State-Zip: BROOKSVILLE FL 34601

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

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

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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

03/07/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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