

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000678

Entity Name: 211 TAMPA BAY CARES, INC.**Current Principal Place of Business:**5500 RIO VISTA DR.
SUITE 5500
CLEARWATER, FL 33760**Current Mailing Address:**5500 RIO VISTA DR.
SUITE 5500
CLEARWATER, FL 33760 US**FEI Number:** 59-3355555**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THOMPSON, MICKI
5500 RIO VISTA DR.
SUITE 5500
CLEARWATER, FL 33760 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	LENDERMAN, MARTHA
Address	5500 RIO VISTA DR. SUITE 5500
City-State-Zip:	CLEARWATER FL 33760

Title	P
Name	PARKS, SALLIE
Address	5500 RIO VISTA DR. SUITE 5500
City-State-Zip:	CLEARWATER FL 33760

Title	S
Name	HAGANS, BILL
Address	5500 RIO VISTA DR. SUITE 5500
City-State-Zip:	CLEARWATER FL 33760

Title	T
Name	JOHANSON, ERIC
Address	5500 RIO VISTA DR. SUITE 5500
City-State-Zip:	CLEARWATER FL 33760

Title	D
Name	THOMPSON, MICKI
Address	5500 RIO VISTA DR. SUITE 5500
City-State-Zip:	CLEARWATER FL 33760

Title	VP
Name	POLSON, HERB
Address	5500 RIO VISTA DR. SUITE 5500
City-State-Zip:	CLEARWATER FL 33760

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: MICKI THOMPSON

D

01/30/2019

Electronic Signature of Signing Officer/Director Detail_____
Date