

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16713

FILED
Mar 20, 2012
Secretary of State

Entity Name: VOICES FOR CHILDREN OF TAMPA BAY, INC.

Current Principal Place of Business:

700 EAST TWIGGS STREET
SUITE 750
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2694
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 59-2737702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ELIZABETH U EX DIR
700 EAST TWIGGS STREET
SUITE 750
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: RAVEN, ALLISON
Address: 700 EAST TWIGGS STREET, SUITE 750
City-St-Zip: TAMPA, FL 33602 US

Title: 1VP
Name: SANDERSON, JEANNETTE
Address: 700 EAST TWIGGS STREET, SUITE 750
City-St-Zip: TAMPA, FL 33602 US

Title: 2VP
Name: WOODS, ART
Address: 700 EAST TWIGGS STREET, SUITE 750
City-St-Zip: TAMPA, FL 33602 US

Title: TRSR
Name: CHANGSUT, GAIL
Address: 700 EAST TWIGGS STREET, SUITE 750
City-St-Zip: TAMPA, FL 33602 US

Title: SEC
Name: HEILIG, MARQUIS
Address: 700 EAST TWIGGS STREET, SUITE 750
City-St-Zip: TAMPA, FL 33602 US

Title: EX D
Name: SMITH, ELIZABETH U
Address: 700 EAST TWIGGS STREET, SUITE 750
City-St-Zip: TAMPA, FL 33602 UN

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: ELIZABETH U. SMITH

EX D

03/20/2012

Electronic Signature of Signing Officer or Director

_____ Date