

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91371 016 ****70.00

DOCUMENT # N99000007234

1. Entity Name

THE STAFF OF LIFE OF TAMPA BAY, INC



Principal Place of Business

**4205 E. RICHMERE STREET
TAMPA FL 33617**

Mailing Address

**4205 E. RICHMERE STREET
TAMPA FL 33617**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3611276**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KELLY, MICHELLE
4205 E. RICHMERE STREET
TAMPA FL 33617**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KELLY, MICHELLE**
STREET ADDRESS **4205 E. RICHMERE STREET**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **SD** ☒ Delete
NAME **TURNER, DAWN**
STREET ADDRESS **8407 N ELMERST**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **TD** ☒ Delete
NAME **NEGRON, YESMIN L**
STREET ADDRESS **11313 52ND ST APT 1**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Marie Calicut** ☐ Change ☒ Addition
NAME
STREET ADDRESS **4205 E. Richmere St**
CITY-ST-ZIP **Tampa Fl 33617**

TITLE **C/M** ☐ Change ☒ Addition
NAME **Vesmin L. Negron**
STREET ADDRESS **2013 Stuart St**
CITY-ST-ZIP **Tampa Fl 33605**

TITLE **B. J. NICE GREY-SEXIL** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1308 FOXBORO DR.**
CITY-ST-ZIP **BRANDON FL 33571**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michelle Kelly*

4-15-03

CR2E037 (10/02)