

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716919

Entity Name: THE TAMPA JCC/FEDERATION, INC.**Current Principal Place of Business:**13009 COMMUNITY CAMPUS DRIVE
TAMPA, FL 33625**Current Mailing Address:**13009 COMMUNITY CAMPUS DRIVE
TAMPA, FL 33625 US**FEI Number:** 23-7182057**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENJAMIN, SALLY CFAO
13009 COMMUNITY CAMPUS DR
TAMPA, FL 33625 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 DPC
Name SCHOENBAUM, SUSAN
Address 13009 COMMUNITY CAMPUS DR
City-State-Zip: TAMPA FL 33625

Title DVP
Name SWARZMAN, HERBERT
Address 13009 COMMUNITY CAMPUS DR
City-State-Zip: TAMPA FL 33625

Title DVP
Name SENA, MARK
Address 13009 COMMUNITY CAMPUS DR
City-State-Zip: TAMPA FL 33625

Title DVP
Name SPAHN, CINDY
Address 13009 COMMUNITY CAMPUS DRIVE
City-State-Zip: TAMPA FL 33625

Title DS
Name TAWIL, JOYCE
Address 13009 COMMUNITY CAMPUS DR
City-State-Zip: TAMPA FL 33625

Title DT
Name PROBASCO, JOSEPH
Address 13009 COMMUNITY CAMPUS DR
City-State-Zip: TAMPA FL 33625

Title DPC
Name ELLIS, JONATHAN
Address 13009 COMMUNITY CAMPUS DRIVE
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.

SIGNATURE: JOSEPH PROBASCO

DT

03/17/2014

Electronic Signature of Signing Officer/Director Detail_____
Date