

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733754

Entity Name: THE NATHAN B. STUBBLEFIELD FOUNDATION, INC.**Current Principal Place of Business:**1210 E MARTIN LUTHER KING JR BLVD
TAMPA, FL 33603-4449**Current Mailing Address:**1210 E MARTIN LUTHER KING JR BLVD
TAMPA, FL 33603-4449 US**FEI Number:** 59-1619213**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEL VALLE, ISHA
58 DAVIS BLVD
#12
TAMPA, FL 33606 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:** ISHA DEL VALLE**02/06/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GUTGOLD, GEOFF
Address 9111 REGENTS PARK DR.
City-State-Zip: TAMPA FL 33647

Title DIRECTOR
Name PIERCE, JEMINY
Address 7916 W HANNA AVE
City-State-Zip: TAMPA FL 33615

Title DIRECTOR
Name MEKSRAITIS, JENNIFER
Address 313 EAST OAK AVENUE
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name ROBERT, LANDIS
Address 8958 ST. ANDRES DR.
City-State-Zip: SEMINOLE FL 33777

Title 2ND VP
Name FUCHS, EMILY LOU
Address 8707 N 34TH STREET
City-State-Zip: TAMPA FL 33604

Title PRESIDENT
Name DEL VALLE, ISHA
Address 58 DAVIS BLVD.
#12
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name CAMPBELL, JENNIFER
Address 7813 54TH COURT EAST
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name WRIGHT, LIAM
Address 124 S MORGAN ST., APT 2201
City-State-Zip: TAMPA FL 33602

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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: RANDI ZIMMERMAN**GENERAL MANAGER,
DIRECTOR****02/06/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ELLIOTT, SCOTT
Address 1619 55TH STREET S
City-State-Zip: GULFPORT FL 33707

Title SECRETARY
Name HART, GRANT
Address 1210 E MARTIN LUTHER KING JR BLVD
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name YOUNG, CHRISTOPHER
Address WMNF
`1210 E DR MARTIN LUTHER KING, JR BLVD
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name MACISSAC, STEVE
Address 2803 W GRAY ST.
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name VALDES, LETTY
Address P.O. BOX 18352
City-State-Zip: TAMPA FL 33679

Title TREASURER
Name DOBBINS, WILLIAM
Address 513 E HUGH ST
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name LEWIS, YVETTE
Address 3010 E CAYUGA ST
City-State-Zip: TAMPA FL 33610

Title DIRECTOR, EX-OFFICIO, NON-
VOTING
Name ZIMMERMAN, RANDI
Address WMNF
1210 E DR MARTIN LUTHER KING, JR
BLVD
City-State-Zip: TAMPA FL 33603

Title 1ST VP
Name CRAVEN, AUSTIN
Address 1514 E MCBERRY ST.
City-State-Zip: TAMPA FL 33610