

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741931

Entity Name: THE CRISIS CENTER OF TAMPA BAY, INC.**Current Principal Place of Business:**ONE CRISIS CENTER PLAZA
TAMPA, FL 33613**Current Mailing Address:**ONE CRISIS CENTER PLAZA
TAMPA, FL 33613 US**FEI Number:** 59-1785265**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRAUGHTON, W DAVID
ONE CRISIS CENTER PLAZA
TAMPA, FL 33613 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	CD
Name	TRAUD, TIMOTHY W
Address	ONE CRISIS CENTER PLAZA
City-State-Zip:	TAMPA FL 33613

Title	SD
Name	FINKEL, DAVID
Address	ONE CRISIS CENTER PLAZA
City-State-Zip:	TAMPA FL 33613

Title	D
Name	TOMLIN, JOHN
Address	ONE CRISIS CENTER PLAZA
City-State-Zip:	TAMPA FL 33613

Title	VD
Name	BROWN, LISA M
Address	ONE CRISIS CENTER PLAZA
City-State-Zip:	TAMPA FL 33613

Title	D
Name	BRAUGHTON, W. DAVID
Address	ONE CRISIS CENTER PLAZA
City-State-Zip:	TAMPA FL 33613

Title	TD
Name	THOMPSON, KATY CPA
Address	ONE CRISIS CENTER PLAZA
City-State-Zip:	TAMPA FL 33613

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: W. DAVID BRAUGHTON**PRESIDENT & CEO****01/03/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date