

2022 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 33613-1238**Current Mailing Address:**ONE CRISIS CENTER PLAZA
TAMPA, FL 33613-1238 US**FEI Number:** 59-1785265**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REYNOLDS, CLARA A
ONE CRISIS CENTER PLAZA
TAMPA, FL 33613-1238 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:** CLARA A. REYNOLDS

01/04/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name LONGO, MELLISSA ESQ.
Address ONE CRISIS CENTER PLAZA
City-State-Zip: TAMPA FL 33613-1238

Title PRESIDENT & CEO
Name REYNOLDS, CLARA A
Address ONE CRISIS CENTER PLAZA
City-State-Zip: TAMPA FL 33613-1238

Title CHAIR
Name FREEMAN, MEREDITH A
Address ONE CRISIS CENTER PLAZA
City-State-Zip: TAMPA FL 33613-1238

Title TREASURER
Name FEEMAN, DAVID
Address ONE CRISIS CENTER PLAZA
City-State-Zip: TAMPA FL 33613-1238

Title CHAIR ELECT
Name BOOTHROYD, ROGER PHD
Address ONE CRISIS CENTER PLAZA
City-State-Zip: TAMPA FL 33613-1238

Title CFO
Name BENDERT, SCOTT J.
Address ONE CRISIS CENTER PLAZA
City-State-Zip: TAMPA FL 33613-1238

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: CLARA A. REYNOLDS

PRESIDENT AND CEO

01/04/2022

Electronic Signature of Signing Officer/Director Detail

Date