

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742632

Entity Name: PRESBYTERIAN HOMES OF TAMPA, INC.**Current Principal Place of Business:**4033 S MANHATTAN AVE
TAMPA, FL 33611**Current Mailing Address:**1050 BURLINGTON AVE N
ST PETERSBURG, FL 33705 US**FEI Number:** 59-2001439**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PETERSON, DEJE WRAY
1050 BURLINGTON AVE N
ST. PETERSBURG, FL 33705 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:** DEJE PETERSON

04/27/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VD
Name MINER, TOM
Address 2493 BREAKWATER CIR
City-State-Zip: SARASOTA FL 34231

Title TD
Name MILLER, NANCY CLARK
Address 656 16TH AVE NE
City-State-Zip: ST. PETERSBURG FL 33704

Title SD
Name JONES, GLORIA
Address 4302 DEEPWATER LANE
City-State-Zip: TAMPA FL 33615

Title ATD
Name WYKE, EDWARD D
Address 1700 21ST AVE W #118
City-State-Zip: BRADENTON FL 34205

Title ASD
Name ASPY, EUGENE
Address 17 GOLF VIEW CIR
City-State-Zip: WINTER HAVEN FL 33881

Title VP, DIRECTOR
Name PIEPER, NATHANIEL
Address 823 S ROXMERE RD
City-State-Zip: TAMPA FL 33609

Title PRESIDENT, DIRECTOR
Name WILSON, JAMES
Address 16498 EDMONT DRIVE
City-State-Zip: FORT MYERS FL 33908

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: JAMES WILSON

PRESIDENT

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date