

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002812

Entity Name: PORTICO INITIATIVES, INC.**Current Principal Place of Business:**500 WEST PLATT STREET
TAMPA, FL 33606**Current Mailing Address:**500 WEST PLATT STREET
TAMPA, FL 33606 US**FEI Number:** 59-3641121**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARDNER, J. STEPHEN
400 N. ASHLEY DR.
STE 1100
TAMPA, FL 33602 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	TRUSTEE
Name	ANDERSON, JILLIAN
Address	500 WEST PLATT STREET
City-State-Zip:	TAMPA FL 33606

Title	TRUSTEE
Name	GOODMAN, MARIAN
Address	500 WEST PLATT STREET
City-State-Zip:	TAMPA FL 33606

Title	TRUSTEE
Name	WILSON, TONY
Address	500 WEST PLATT STREET
City-State-Zip:	TAMPA FL 33606

Title	TREASURER
Name	KEMPTON, MEAGAN
Address	500 WEST PLATT STREET
City-State-Zip:	TAMPA FL 33606

Title	TRUSTEE
Name	SNYDER, KEN
Address	500 W. PLATT ST.
City-State-Zip:	TAMPA FL 33606

Title	TRUSTEE
Name	HOPKINSON, KATHRYN
Address	500 W. PLATT ST.
City-State-Zip:	TAMPA FL 33606

Title	TRUSTEE, CHAIRMAN
Name	GOSSEN, SCOTT
Address	500 W. PLATT ST.
City-State-Zip:	TAMPA FL 33606

Title	TRUSTEE
Name	COSMAS, RON
Address	500 WEST PLATT STREET
City-State-Zip:	TAMPA FL 33606

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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: MEAGAN KEMPTON**CHURCH BUSINESS
ADMINISTRATOR****02/03/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title TRUSTEE
Name GILES, ANN
Address 500 WEST PLATT STREET
City-State-Zip: TAMPA FL 33606

Title TRUSTEE
Name KELLY, PETE
Address 500 W. PLATT STREET
City-State-Zip: TAMPA FL 33606

Title TRUSTEE
Name MASTERS, NYSSA
Address 500 WEST PLATT STREET
City-State-Zip: TAMPA FL 33606