

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004345

Entity Name: TAMPA BAY WORKFORCE ALLIANCE, INC.**Current Principal Place of Business:**4350 WEST CYPRESS STREET
SUITE 875
TAMPA, FL 33607**Current Mailing Address:**4350 WEST CYPRESS STREET
SUITE 875
TAMPA, FL 33607 US**FEI Number:** 59-3655316**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLE, SCOTT
301 EAST PINE STREET
SUITE 1400
ORLANDO, FL 32801 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:** SCOTT COLE

01/15/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	BOARD CHAIR
Name	HARLESS, BARCLAY
Address	4350 WEST CYPRESS STREET SUITE 875
City-State-Zip:	TAMPA FL 33607

Title	BOARD TREASURER
Name	NOBLE, DON
Address	4350 WEST CYPRESS STREET SUITE 875
City-State-Zip:	TAMPA FL 33607

Title	2ND VICE CHAIR
Name	LATVALA, CHRIS
Address	4350 WEST CYPRESS STREET SUITE 875
City-State-Zip:	TAMPA FL 33607

Title	PRESIDENT & CEO
Name	KUNKEL, KEIDRIAN
Address	4350 WEST CYPRESS STREET SUITE 875
City-State-Zip:	TAMPA FL 33607

Title	VICE CHAIR
Name	HARTFIELD, GARY
Address	4350 WEST CYPRESS STREET SUITE 875
City-State-Zip:	TAMPA FL 33607

Title	SECRETARY
Name	SARLO, REBECCA DR.
Address	4350 WEST CYPRESS STREET SUITE 875
City-State-Zip:	TAMPA FL 33607

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: KEIDRIAN KUNKEL**PRESIDENT & CEO**

01/15/2025

Electronic Signature of Signing Officer/Director Detail

Date