## **2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004883

Entity Name: TAMPA BAY OUTREACH, INC.

**Current Principal Place of Business:** 

6800 THOMAS CIRCLE TAMPA. FL 33619

**Current Mailing Address:** 

10840 BREAKING ROCKS DRIVE TAMPA, FL 33647 US

FEI Number: 59-3744983 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELLISON, LUTASHA 1418 E HOLLAND AVE B TAMPA, FL 33612 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: LUTASHA ELLISON 02/13/2022

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** Name AUSTIN, SAUGHANTO Name PATRICK, PERRY Address 6800 THOMAS CIRCLE Address 6800 THOMAS CIRCLE **TAMPA FL 33619** City-State-Zip: City-State-Zip: **TAMPA FL 33619** 

Title SECRETARY Title VP

Name JONES, STEPHANIE Name AUSTIN, QUEEN

Address 6800 THOMAS CIRCLE Address 6800 THOMAS CIRCLE

City-State-Zip: TAMPA FL 33619 City-State-Zip: TAMPA FL 33619

Title OFFICER Title OFFICER

Name HARVEY, NATISHIA Name FARLEY, SHERRY

Address 1418 E HOLLAND AVE Address 6800 THOMAS CIRCLE

City-State-Zip: TAMPA FL 33619

Title COO

Title CFO Name AUSTIN, LLALANDO

Name HARRIS, EMMA Address 6800 THOMAS CIRCLE
Address 6800 THOMAS CIRCLE

City-State-Zip: TAMPA FL 33619

City-State-Zip: TAMPA FL 33619

TAMPA FL 33612

City-State-Zip:

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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: SAUGHANTO AUSTIN PRESIDENT 02/13/2022

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 13, 2022

**Secretary of State** 

2888044309CC

Date

## Officer/Director Detail Continued:

Title REGISTERING AGENT Name ELLISON, LUTASHA 1418 E HOLLAND AVE APT B Address

City-State-Zip: TAMPA FL 33612