2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010702

Entity Name: TAMPA ALUMNI GUIDE RIGHT FOUNDATION, INC.

FILED Feb 02, 2024 Secretary of State 7730414585CC

Date

Current Principal Place of Business:

3412 E. LAKE AVENUE TAMPA, FL 33610

Current Mailing Address:

P.O. BOX 75076

TAMPA, FL 33675 US

FEI Number: 20-2507898 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACKSON, KEVIN 3412 E. LAKE AVENUE TAMPA, FL 33610 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: KEVIN JACKSON 02/02/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Title VC Title **CHAIRMAN BROOKINS, JAMES** Name Name JACKSON, KEVIN P.O. BOX 75076 Address P.O. BOX 75076 Address City-State-Zip: TAMPA FL 33675 TAMPA FL 33675 City-State-Zip:

Title TREASURER Title DIRECTOR

NameFOREMAN, CHRISTOPHERNamePETERSON, PETEAddressP.O. BOX 75076AddressP.O. BOX 75076City-State-Zip:TAMPA FL 33675City-State-Zip:TAMPA FL 33675

SECRETARY Title Title **DIRECTOR** Name HAYES, MARCUS Name ROWE. WILLIAM Address P.O. BOX 75076 P.O. BOX 75076 Address City-State-Zip: TAMPA FL 33675 TAMPA FL 33675 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name CARRINGTON, HERB Name CLENDINEN, SHERRY

 Address
 P.O. BOX 75076
 Address
 P.O. BOX 75076

 City-State-Zip:
 TAMPA FL 33675
 City-State-Zip:
 TAMPA FL 33675

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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: FOREMAN, CHRISTOPHER

TREASURER

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name AMOS, YOLANDA Address P.O.BOX 75076 City-State-Zip: TAMPA FL 33675