

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007470

Entity Name: COMMUNITY TAMPA BAY, INC.**Current Principal Place of Business:**622 1ST AVE S
STE. 201
SAINT PETERSBURG, FL 33701**Current Mailing Address:**622 1ST AVE S
STE. 2
SAINT PETERSBURG, FL 33701 US**FEI Number:** 81-0675602**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**F & L CORP.
3105 W. GRANADA ST
TAMPA, FL 33629 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 CEO
Name BRIANT SPRATLING, TAMMY LYNN
Address 2727 ULMERTON ROAD, SUITE 200
City-State-Zip: CLEARWATER FL 33762

Title CHAIRMAN
Name NEWTON, MATTHEW
Address OLDER LUNDY
1000 W. CASS ST.
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name KETY, CHARNA
Address 2727 ULMERTON ROAD, SUITE 200
City-State-Zip: CLEARWATER FL 33762

Title TREASURER
Name GONCALEZ, IGOR
Address 4040 WEST BOY SCOUT BLVD
City-State-Zip: TAMPA FL 33607

Title SECRETARY
Name THOMAS, STEPHEN
Address TROPICANA FIELD
1 TROPICANA DR
City-State-Zip: SAINT PETERSBURG FL 33705

Title VC
Name ROBINSON, LAKENDRIA
Address 201 N FRANKLIN ST
ST 2900
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name LANSRUD, LANCE
Address AGENCY REAL ESTATE
3902 HENDERSON BLVD STE 201
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name CLAY, KAREN
Address 1413 EAST FRIERSON
City-State-Zip: TAMPA FL 33603

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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: TAMMY L BRIANT SPRATLING

CEO

03/19/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SHERDIWALA, PRISHA
Address	622 1ST AVE S. SUITE 2
City-State-Zip:	SAINT PETERSBURG FL 33701