

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005638

**Entity Name:** RETROUVAILLE OF TAMPA BAY, INC.**Current Principal Place of Business:**405 S DALE MABRY HWY  
423  
TAMPA, FL 33609**Current Mailing Address:**405 S DALE MABRY HWY  
423  
TAMPA, FL 33609 US**FEI Number:** 26-4818359**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KOVNICK, MICHAEL  
449 S. 12TH STR  
604  
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:** MICHAEL KOVNICK

02/06/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CFO
Name	WILKINS, DENYSE
Address	7341 82ND AVE N
City-State-Zip:	PINELLAS PARK FL 33781
Title	SECRETARY
Name	BAEZ, JOHNNY
Address	7933 MEADOW RUSH LOOP
City-State-Zip:	SARASOTA FL 34238
Title	VICE SECRETARY
Name	BAEZ, NANCY
Address	7933 MEADOW RUSH LOOP
City-State-Zip:	SARASOTA FL 34238

Title	PRESIDENT
Name	KOVNICK, PAOLA
Address	449 S. 12TH STR 604
City-State-Zip:	TAMPA FL 33602
Title	VP
Name	WILKINS, RICHARD
Address	7341 82ND AVE N
City-State-Zip:	PINELLAS PARK FL 33781
Title	COO
Name	KOVNICK, MICHAEL
Address	449 S 12TH STR 604
City-State-Zip:	TAMPA FL 33602

*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:** PAOLA KOVNICK

PRESIDENT

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date