2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15544

Entity Name: THE SALESIAN SISTERS OF TAMPA, INC.

Current Principal Place of Business:

VILLA MADONNA SCHOOL 315 W. COLUMBUS DR. TAMPA, FL 33602-1306

Current Mailing Address:

315 W COLUMBUS DR TAMPA, FL 33602

FEI Number: 59-1172504 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JACKSON, SR. MARY FMA 2611 N MASSACHUSETTS AVE 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: SR. MARY JACKSON 01/04/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

VΡ Title **PRESIDENT** Title

Name DUNN, KAREN Name HOLLOMAN, JOANNE

Address 655 BELMONT AVE. Address 20 OLD SWARTSWOOD ROAD

City-State-Zip: NEWTON NJ 07860 City-State-Zip: HALEDON NJ 07508

Title **TRUSTEE** Title **TRUSTEE** Name LEE. THERESA Name **GUTIERREZ, THERESA** Address 659 BELMONT AVE Address 655 BELMONT AVE

City-State-Zip: NORTH HALEDON NJ 07508 City-State-Zip: HALEDON NJ 07508

Title **SECRETARY** Title **TREASURER**

COLOMBO, MARIA Name WILHELM, MARGARET Name 172 WASHINGTON ST Address Address 655 BELMONT AVE. City-State-Zip: HAWTHORNE NJ 07506 City-State-Zip: HALEDON NJ 07508

Title **TRUSTEE** Title **TRUSTEE**

Name JACKSON, MARY Name SAMSON, THERESA

Address 315 W. COLUMBUS DRIVE Address 659 BELMONT AVE

TAMPA FL 33602 City-State-Zip: City-State-Zip: NORTH HALEDON NJ 07508

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.

01/04/2017 SIGNATURE: SR. MARY JACKSON TRUSTEE

FILED Jan 04, 2017

Secretary of State

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