2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15544

Entity Name: THE SALESIAN SISTERS OF TAMPA, INC.

FILED Jan 22, 2024 **Secretary of State** 4090436330CC

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 US

FEI Number: 26-3500304 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FANTAUZZA, SR. LOUISE 315 W. COLÚMBUS DRIVE 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. LOUISE FANTAUZZA 01/22/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

VΡ Title **PRESIDENT** Title

Name CLAIR, SR. COLLEEN Name FANTAUZZA, SR. LOUISE Address 655 BELMONT AVE. Address 315 W. COLUMBUS DRIVE

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

Title **TREASURER** Title **TRUSTEE**

Name WILHELM, SR. MARGARET Name DE ROSE, SR. MARISA

Address 655 BELMONT AVE. Address 659 BELMONT AVE

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

Title **TRUSTEE** Title **SECRETARY**

FONTAINE, SR. FRANCOISE Name COLOMBO, SR. MARIA Name

9299 AVE. PIERRE DE COUBERTIN Address Address 655 BELMONT AVE.

City-State-Zip: MONTREAL QUEBEC H1L 2H6 City-State-Zip: NORTH HALEDON NJ 07508

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

Name GUTIERREZ, SR. ANGELA THERESA Name BELTRE, SR, RAMONA

Address 601 1ST AVENUE Address 659 BELMONT AVE HARVEY LA 70058

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

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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: SR. LOUISE FANTAUZZA

VΡ

01/22/2024

Officer/Director Detail Continued:

Title TRUSTEE Title TRUSTEE

Name GEIGER, SR. MICHELLE Name PARENT, SR. LISE

Address 601 1ST AVENUE Address 659 BELMONT AVENUE

City-State-Zip: HARVEY LA 70058 City-State-Zip: NORTH HALEDON NJ 07508