

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16713

Entity Name: VOICES FOR CHILDREN OF TAMPA BAY, INC.**Current Principal Place of Business:**2107 W. CASS STREET
SUITE C
TAMPA, FL 33606**Current Mailing Address:**P.O. BOX 2694
TAMPA, FL 33601 US**FEI Number:** 59-2737702**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, ELIZABETH UEX DIR
2107 W. CASS STREET
SUITE C
TAMPA, FL 33606 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	PRES
Name	CRONIN, SEAN
Address	2107 W. CASS STREET SUITE C
City-State-Zip:	TAMPA FL 33606

Title	1VP
Name	KOUFFMAN, DOMINIC ESQ.
Address	2107 W. CASS STREET SUITE C
City-State-Zip:	TAMPA FL 33606

Title	2VP
Name	STASONIS, NATE
Address	2107 W. CASS STREET SUITE C
City-State-Zip:	TAMPA FL 33606

Title	TRSR
Name	HALE, BRAD
Address	700 EAST TWIGGS STREET, SUITE 750
City-State-Zip:	TAMPA FL 33602

Title	SEC
Name	MCNAMEE, BRIDGET ESQ.
Address	2107 W. CASS STREET SUITE C
City-State-Zip:	TAMPA FL 33606

Title	EX D
Name	SMITH, ELIZABETH U
Address	2107 W. CASS STREET SUITE C
City-State-Zip:	TAMPA FL 33606

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: ELIZABETH SMITH**EXECUTIVE DIRECTOR****01/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date