

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16713

Entity Name: VOICES FOR CHILDREN OF TAMPA BAY, INC.**Current Principal Place of Business:**3314 W. HENDERSON BLVD., STE. 207
TAMPA, FL 33609**Current Mailing Address:**P.O. BOX 2694
TAMPA, FL 33601 US**FEI Number:** 59-2737702**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STARR, JENNIFER
3314 W. HENDERSON BLVD., STE. 207
TAMPA, FL 33609 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	1VP
Name	MASSEY, LAUREN
Address	3314 W. HENDERSON BLVD., STE. 207

City-State-Zip: TAMPA FL 33609

Title	TRSR
Name	HALE, BRAD
Address	3314 W. HENDERSON BLVD., STE. 207

City-State-Zip: TAMPA FL 33609

Title	2ND VP
Name	ROBERTS, AL
Address	3314 W. HENDERSON BLVD., STE. 207

City-State-Zip: TAMPA FL 33609

Title	SECRETARY
Name	MAURER, ANITA
Address	3314 W. HENDERSON BLVD., STE. 207

City-State-Zip: TAMPA FL 33609

Title	PAST PRESIDENT
Name	MCNAMEE, BRIDGET
Address	3314 W. HENDERSON BLVD., STE. 207

City-State-Zip: TAMPA FL 33609

Title	P
Name	SMITH, ELIZABETH
Address	3314 W. HENDERSON BLVD., STE. 207

City-State-Zip: TAMPA FL 33609

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**PRESIDENT****01/21/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date