

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000012379

**Entity Name:** CITY OF TAVARES FOUNDATION CORP

**Current Principal Place of Business:**

911 GATEWAY DRIVE  
TAVARES, FL 32778

**Current Mailing Address:**

911 GATEWAY DRIVE  
TAVARES, FL 32778 US

**FEI Number:** 82-2287659

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COURSEY, SARAH M  
201 EAST MAIN STREET  
TAVARES, FL 32778 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 P  
Name HARVEY, PAUL  
Address 201 EAST MAIN STREET  
City-State-Zip: TAVARES FL 32778

Title VP  
Name COURSEY, SARAH  
Address 201 EAST MAIN STREET  
City-State-Zip: TAVARES FL 32778

Title SEC  
Name ROBINSON, MEILISSA  
Address 201 EAST MAIN STREET  
City-State-Zip: TAVARES FL 32778

Title TREA  
Name ROBERTS, DOUG  
Address 201 EAST MAIN STREET  
City-State-Zip: TAVARES FL 32778

Title TRU  
Name ATKINSON, ANTHONY  
Address 201 EAST MAIN STREET  
City-State-Zip: TAVARES FL 32778

Title CHA  
Name HALL, JON  
Address 201 EAST MAIN STREET  
City-State-Zip: TAVARES FL 32778

*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:** SARAH COURSEY

**VICE PRESIDENT**

**06/02/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date