2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000005450

Entity Name: TRIBE-SEMINOLE HEIGHTS INC.

Current Principal Place of Business:

6111 N CENTRAL AVE TAMPA, FL 33604

Current Mailing Address:

305 E CLIFTON ST. TAMPA. FL 33604 US

FEI Number: 83-0538437 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, KRISTEN 305 E CLIFTON ST TAMPA, FL 33604 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

FILED Apr 21, 2022

Secretary of State

6960826695CC

Officer/Director Detail :

Title DIRECTOR Title **MEMBER**

BROWN, KRISTEN TORRES, MARY Name Name

305 E CLIFTON ST 3624 WINDCHIME LANE Address Address

City-State-Zip: DOVER FL 33527 TAMPA FL 33604 City-State-Zip:

Title **SECRETARY** Title **MEMBER**

Name SINCLAIR, KIMBERLY Name KARLNOSKI-EVERALL, RACHEL PHD

Address 205 W FERN ST. Address 19908 PINE TREE RD TAMPA FL 33604 City-State-Zip: City-State-Zip: ODESSA FL 33556

Title **SECRETARY** Title ASST. TREASURER

Name VANDER, VELD JESSICA MRS. Name CIARCIA. BONNIE MRS.

Address 203 W FERN ST. P O BOX 510205 Address

City-State-Zip: TAMPA FL 33604 City-State-Zip: PUNTA GORDA FL 33951

Title **OTHER** Title **OTHER**

Name MIELKE, LORENA TINGLEY, JULIE Name 30229 DARBY ROAD Address 3909 W SEVILLA ST. Address City-State-Zip: DADE CITY FL 33525

TAMPA FL 33629 City-State-Zip:

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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.

04/21/2022 SIGNATURE: KRISTEN BROWN DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

RHODARMER, MICHELLE

Name

Title OTHER Title OTHER

NameBRYANT, LISANameMORROS, ALINAAddress8938 ABERDEEN CREEK CIRCLEAddress1515 N MARION ST

City-State-Zip: RIVERVIEW FL 33569 City-State-Zip: TAMPA FL 33602

Title OTHER Title OTHER

Address 4112 N CENTRAL AVE Address 4355 HENDERSON BLVD.

Name

FLUHARTY, STEVE

City-State-Zip: TAMPA FL 33603 City-State-Zip: TAMPA FL 33629