

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000003309

Entity Name: CHAMBERLAIN HIGH SCHOOL LEGACY ALLIANCE, INC.**Current Principal Place of Business:**9401 NORTH BLVD
TAMPA, FL 33612**Current Mailing Address:**9401 NORTH BLVD
TAMPA, FL 33612 US**FEI Number: 83-4278546****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GARDNER, MERRITT A
5415 MARINER STREET, STE 200
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	DIR
Name	SUE BROWN, BETTY
Address	9401 NORTH BLVD
City-State-Zip:	TAMPA FL 33612

Title	DIR
Name	MOSGAARD, TIFFANY
Address	9401 NORTH BLVD
City-State-Zip:	TAMPA FL 33612

Title	DIR
Name	CAPPADORO, ANTHONY
Address	9401 NORTH BLVD
City-State-Zip:	TAMPA FL 33612

Title	TREASURER
Name	MARSHALL, RANDALL
Address	9401 NORTH BLVD
City-State-Zip:	TAMPA FL 33612

Title	PRESIDENT
Name	SISCO, TERRY L
Address	9401 NORTH BLVD
City-State-Zip:	TAMPA FL 33612

Title	DIRECTOR
Name	PALMER, MARYBETH
Address	9401 N BOULEVARD
City-State-Zip:	TAMPA FL 33612

Title	VP
Name	LEACH, NANCY
Address	9401 N BOULEVARD
City-State-Zip:	TAMPA FL 33612

Title	DIRECTOR
Name	DENHAM, ALLEN
Address	9401 N BOULEVARD
City-State-Zip:	TAMPA FL 33612

Continues on page 2

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: TERRY L SISCO**CHAIRMAN****04/19/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MATTHEW, SHANNA
Address 9401 N BOULEVARD
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name GEORGIS, LINDA
Address 9401 NORTH BOULEVARD
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name THROWER, MITCHELL
Address 9401 NORTH BOULEVARD
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name WAUGH, TAMMY
Address 9401 NORTH BOULEVARD
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name HAGAN, KEN
Address 9401 NORTH BOULEVARD
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name PAGES, RAUL
Address 9401 NORTH BOULEVARD
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name SISCO, LUCINDA
Address 9401 NORTH BOULEVARD
City-State-Zip: TAMPA FL 33612