

**2025 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: RANDALL MARSHALL****TREASURER****04/11/2025**\_\_\_\_\_  
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