

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000011925

**Entity Name:** GROW MY GIVING INCORPORATED

**Current Principal Place of Business:**

5202 S 86TH AVE  
TAMPA, FL 33619

**Current Mailing Address:**

5202 S 86TH AVE  
TAMPA, FL 33619 US

**FEI Number:** 85-3921961

**Certificate of Status Desired:** No

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

TWANDA E. BRADLEY  
4018 E POWHATAN AVE  
TAMPA, FL 33610-3852 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 CEO  
Name TWANDA E. BRADLEY  
Address 7927 PINE DRIVE  
City-State-Zip: TAMPA FL 33637

Title EXECUTIVE SECRETARY  
Name NORMA ABDUS-SALAM  
Address 7914 BAHIA AV  
City-State-Zip: TAMPA FL 33619

Title D  
Name ANTHONY CALLOWAY  
Address 519 N. LARRY CIRCLE  
City-State-Zip: BANDON FL 33510

Title D  
Name CHERYL CALLOWAY  
Address 519 N. LARRY CIRCLE  
City-State-Zip: BANDON FL 33510

Title T  
Name TOLBERT-JONES, MARLISE  
Address 7401 THOMAS WAY  
City-State-Zip: TAMPA FL 33619

*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:** TWANDA E BRADLEY

04/25/2025

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

\_\_\_\_\_  
Date