

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000004170

Entity Name: TAMPA BAY AFRICAN AMERICAN ARTS & CULTURAL CENTER, INC.**FILED**
Apr 02, 2025
Secretary of State
9298099739CC**Current Principal Place of Business:**2103 NORTH ROME AVENUE
TAMPA, FL 33607**Current Mailing Address:**2103 NORTH ROME AVENUE
TAMPA, FL 33607 US**FEI Number: 99-2807054****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHRISTALDI, RONALD A
101 EAST KENNEDY BOULEVARD, SUITE 2800
SHUMAKER, LOOP & KENDRICK, LLP
TAMPA, FL 33602 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	CHAIR, DIRECTOR
Name	RICHARD, CRAIG
Address	2103 NORTH ROME AVENUE
City-State-Zip:	TAMPA FL 33607

Title	DIRECTOR, VICE CHAIR
Name	MILLER, LESLEY JR.
Address	2103 NORTH ROME AVENUE
City-State-Zip:	TAMPA FL 33607

Title	DIRECTOR, TREASURER
Name	SIMMONS, BEMETRA
Address	2103 NORTH ROME AVENUE
City-State-Zip:	TAMPA FL 33607

Title	DIRECTOR, SECRETARY
Name	BEVERLY, JAIDE
Address	2103 NORTH ROME AVENUE
City-State-Zip:	TAMPA FL 33607

Title	DIRECTOR
Name	CORRADA, SANTIAGO
Address	2103 NORTH ROME AVENUE
City-State-Zip:	TAMPA FL 33607

Title	DIRECTOR
Name	CHRISTALDI, RONALD A ESQ.
Address	2103 NORTH ROME AVENUE
City-State-Zip:	TAMPA FL 33607

Title	DIRECTOR
Name	FOSTER, NICHELLE
Address	2103 NORTH ROME AVENUE
City-State-Zip:	TAMPA FL 33607

Title	DIRECTOR
Name	GENTRY, JOE
Address	2103 NORTH ROME AVENUE
City-State-Zip:	TAMPA FL 33607

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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.

SIGNATURE: CRAIG RICHARD**CHAIR****04/02/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MYERS, GWEN
Address 2103 NORTH ROME AVENUE
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name NARAIN, ED ESQ.
Address 2103 NORTH ROME AVENUE
City-State-Zip: TAMPA FL 33607