

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43802

Entity Name: ATD FLORIDA SUNCOAST CHAPTER, INC.**Current Principal Place of Business:**3928 YELLOW FINCH LN
LUTZ, FL 33558-2705**Current Mailing Address:**P.O. BOX 273114
TAMPA, FL 33688 US**FEI Number:** 59-6600335**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUCKLEY, JENNIFER S
3928 YELLOW FINCH LN
LUTZ, FL 33558-2705 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:** JENNIFER S BUCKLEY

01/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP OF MEMBERSHIP
Name BUCKLEY, JENNIFER
Address 3928 YELLOW FINCH LN
City-State-Zip: LUTZ FL 33558-2705

Title PRESIDENT
Name CADWELL, KALA
Address P.O. BOX 273114
City-State-Zip: TAMPA FL 33688

Title VP OF FINANCE ("SECRETARY" FOR
BANKING PURPOSES)
Name WILLIS, BRIDGETTE
Address P.O. BOX 273114
City-State-Zip: TAMPA FL 33688

Title VP OF PROGRAMS
Name RIVERA, ERIC
Address P.O. BOX 273114
City-State-Zip: TAMPA FL 33688

Title VP OF OPERATIONS
Name PARKER, KRISTEN
Address P.O. BOX 273114
City-State-Zip: TAMPA FL 33688

Title VP OF MARKETING AND
COMMUNICATIONS
Name RAMON, KELSEY
Address P.O. BOX 273114
City-State-Zip: TAMPA FL 33688

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: BRIDGETTE WILLIS

VP FINANCE

01/08/2024

Electronic Signature of Signing Officer/Director Detail

Date