

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000357

Entity Name: TAMPA BAY MESSAGE OF HEALTH MINISTRIES, INC.**Current Principal Place of Business:**3981 68TH AVENUE NORTH
PINELLAS PARK, FL 33781**Current Mailing Address:**3981 68TH AVENUE NORTH
PINELLAS PARK, FL 33781**FEI Number:** 59-3221248**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLETCHER, CLIVE A
326 51ST AVENUE N.
ST. PETERSBURG, FL 33703 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	PD
Name	FLETCHER, CLIVE AMR.
Address	326 -51ST AVE N.
City-State-Zip:	ST PETERSBURG FL 33703

Title	SD
Name	FLETCHER, RHONI EMRS.
Address	326 -51ST AVE N.
City-State-Zip:	ST PETERSBURG FL 33703

Title	TD
Name	FLETCHER, RHONI E.
Address	3981 68TH AVE N
City-State-Zip:	PINELLAS PARK FL 33781

Title	VD
Name	RICHARD, KELLYE MS
Address	326 51ST AVENUE NORTH
City-State-Zip:	ST. PETERSBURG FL 33703

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: FLETCHER, RHONI E

TD

05/06/2020

Electronic Signature of Signing Officer/Director Detail_____
Date