## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001825

Entity Name: TAMPA VA RESEARCH AND EDUCATION FOUNDATION,

**INCORPORATED** 

**Current Principal Place of Business:** 

5620 E. FOWLER AVE

SUITE B

TEMPLE TERRACE, FL 33617

**Current Mailing Address:** 

5620 E FOWLER AVE

SUITE B

TEMPLE TERRACE, FL 33617 US

FEI Number: 59-3444354 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FEDE, MARYANN ESQ. 13000 BRUCE B DOWNS BLVD TAMPA, FL 33612 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: MARYANN FEDE 01/31/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title D

NameDUNNING, DAVIDNameGOWER, WILLIAMAddress13000 BRUCE B. DOWNS BLVD.Address517 MAHOGANY DR

City-State-Zip: TAMPA FL 33612 City-State-Zip: SEFFNER FL 33584

Title D Title DR

Name COLLINS, ROY Name JAKEY, COLLEEN

Address 5620 E FOWLER AVE Address 13000 BRUCE B DOWNS BLVD

SUITE-B City-State-Zip: TAMPA FL 33612
City-State-Zip: TEMPLE TERRACE FL 33617

Title DIRECTOR Title CHAIRMAN

Name LATLIEF, GAIL
Name TONEY, JOHN F DR.

Address 13000 BRUCE B DOWNS BLVD

City-State-Zip: TAMPA FL 33612

Title EXECUTIVE DIRECTOR

Name REEDER, DOUGLAS

Address 5620 E. FOWLER AVE

5620 E. FOWLER AVE SUITE B

City-State-Zip: TEMPLE TERRACE FL 33617

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: DOUGLAS REEDER EXECUTIVE DIRECTOR 01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 31, 2022

**Secretary of State** 

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