

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005312

**Entity Name:** SOMEBODY CARES TAMPA BAY, INC.

**Current Principal Place of Business:**

21903 US HWY 19 NORTH  
CLEARWATER, FL 33765

**Current Mailing Address:**

P.O. BOX 4486  
CLEARWATER, FL 33758

**FEI Number: 59-3470531**

**Certificate of Status Desired: No**

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

BERNARD, KATHYRN E  
1874 CASTLE WOODS DRIVE  
CLEARWATER, FL 33759 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 BERNARD, DANIEL  
Address 1874 CASTLE WOODS DRIVE  
City-State-Zip: CLEARWATER FL 33759

Title C  
Name WOZNIAK, VINCENT  
Address 2005 GREEN BRIER BLVD. UNIT 15  
City-State-Zip: CLEARWATER FL 33763

Title D  
Name OGUNDIPE, OLUKAYODE  
Address 10919 CORY LAKE DRIVE  
City-State-Zip: TAMPA FL 33607

Title D  
Name BERNARD, KATHRYN E  
Address 1874 CASTLE WOODS DRIVE  
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR  
Name HELDRETH, JIM  
Address 13811 MOONSTONE CANYON DRIVE  
City-State-Zip: RIVERVIEW FL 33579

Title DIRECTOR  
Name BOURLAND, JAMES  
Address 378 WESTWINDS DRIVE  
City-State-Zip: PALM HARBOR FL 34683

*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: KATHRYN E BERNARD**

**D**

**01/17/2017**

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

\_\_\_\_\_  
Date