

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000100588

**Entity Name:** THE TAMPA BAY ANGELS, INC.

**Current Principal Place of Business:**

5201 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33710

**Current Mailing Address:**

5201 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33710 US

**FEI Number: 82-3823652**

**Certificate of Status Desired: No**

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

LIGON, REGINALD B  
5201 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33710 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 P  
Name LIGON, REGINALD B  
Address 5201 CENTRAL AVENUE  
City-State-Zip: SAINT PETERSBURG FL 33710

Title VP  
Name LIGON, SHANNON A  
Address 126 EAST JEFFERSON STREET  
City-State-Zip: ORLANDO FL 32801

Title T  
Name LIGON, MENDEE B  
Address 5201 CENTRAL AVENUE  
City-State-Zip: SAINT PETERSBURG FL 33710

Title VP  
Name CARR, KEVIN  
Address 8119 COLONIAL VILLAGE DRIVE #205  
City-State-Zip: TAMPA FL 33625

Title AMBR  
Name LIGON, LORA M  
Address 5201 CENTRAL AVENUE  
City-State-Zip: SAINT PETERSBURG FL 33710

Title AMBR  
Name LIGON, EVAN D  
Address 5201 CENTRAL AVENUE  
City-State-Zip: SAINT PETERSBURG FL 33710

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: REGINALD B LIGON**

**PRESIDENT**

**04/30/2022**

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

\_\_\_\_\_  
Date