

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46518

**FILED**  
**Feb 25, 2015**  
**Secretary of State**  
**CC5467454205**

**Entity Name:** TAMPA BAY SURVEY AND MAPPING SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

3118 KENSINGTON AVENUE  
TAMPA, FL 33629

**Current Mailing Address:**

3118 KENSINGTON AVENUE  
TAMPA, FL 33629

**FEI Number: 59-3079696**

**Certificate of Status Desired: No**

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

LESTER, JOHN  
3118 KENSINGTON AVENUE  
TAMPA, FL 33629 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 D  
Name WACKERMAN, EDWARD  
Address 4819 NORTH COLLINS LANE  
City-State-Zip: TAMPA FL 33603

Title D  
Name SULLIVAN, DAN  
Address 10203 COUTNEY PALMS BLVD, #204  
City-State-Zip: TAMPA FL 33619

Title T  
Name LESTER, JOHN  
Address 3118 KENSINGTON AVENUE  
City-State-Zip: TAMPA FL 33629

Title S  
Name HINSON, RICK  
Address 311 NEWPORT AVE  
City-State-Zip: TAMPA FL 33606

Title VCH  
Name WEST, MARK  
Address 1109 S PINE LAKE DR  
City-State-Zip: TAMPA FL 33612

Title CHM  
Name NELSON, KENNETH  
Address 3755 52ND AVE NORTH  
City-State-Zip: ST PETERSBURG FL 33714

*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: JOHN LESTER**

**TREASURER**

**02/25/2015**

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

\_\_\_\_\_  
Date