

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthorn  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 MAY -1 AM 10:52

**DOCUMENT # 769967 (1)**  
1. Corporation Name  
**TAMPA/HILLSBOROUGH COUNTY YOUTH COUNCIL, INC.**

Principal Place of Business      Mailing Address  
**712 W. ROSS AVE.      712 W. ROSS AVE.**  
**TAMPA FL 33602      TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/24/1983      09/23/1994**

4. FEI Number      Applied For / Not Applicable  
**59-2387402**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      28 Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**JACKSON, MYRON**  
**712 W. ROSS AVE.**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      **FL**      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE      Signature, typed or printed name of registered agent and (if applicable)      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

TITLE      P  
NAME      **WILSON, SANDRA H.**  
STREET ADDRESS      **2001 N 14TH STREET**  
CITY - ST - ZIP      **TAMPA FL**

TITLE      V  
NAME      **SHIMBERG, JAMES**  
STREET ADDRESS      **400 N ASHLEY DR.**  
CITY - ST - ZIP      **TAMPA FL**

TITLE      T  
NAME      **SELMAN, LEE ROY**  
STREET ADDRESS      **111 E MADISON ST.**  
CITY - ST - ZIP      **TAMPA FL**

TITLE      D  
NAME      **FREEDMAN, SANDY W.**  
STREET ADDRESS      **306 EAST JACKSON ST.**  
CITY - ST - ZIP      **TAMPA FL**

TITLE      D  
NAME      **JACKSON, MYRON**  
STREET ADDRESS      **712 W ROSS AVE**  
CITY - ST - ZIP      **TAMPA FL**

TITLE      D  
NAME      **TILLERY, HOMER**  
STREET ADDRESS      **% 712 W ROSS, POB 320285**  
CITY - ST - ZIP      **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE       Change       Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**REMITTED BY MAY 1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Myron Jackson*      **MYRON JACKSON**      3/1/95      274-7209

Signature and typed or printed name of signing officer or director      Date      Telephone #