


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91216 001 \*\*\*\*61.25

**DOCUMENT # 769967**

1. Entity Name  
**TAMPA/HILLSBOROUGH COUNTY YOUTH COUNCIL, INC.**



Principal Place of Business  
 102 E 7TH AVE  
 TAMPA, FL 33602 US


Mailing Address  
 102 E 7TH AVE  
 TAMPA, FL 33602 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



03162004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2387402**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BRADLEY, SHELISIA**  
 102 E 7TH AVE  
 TAMPA, FL 33602

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	IVORY, RODRIGUEZ	
STREET ADDRESS	9225 BAY PLAZA BOULEVARD STE 405	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHIMBERG, JAMES	
STREET ADDRESS	400 N ASHLEY DR.	
CITY-ST-ZIP	TAMPA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADLEY, SHELISIA	
STREET ADDRESS	102 E 7TH AVE	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWDEN, BOBBY	
STREET ADDRESS	306 E JACKSON ST	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, SHAWN	
STREET ADDRESS	315 E KENNEDY BLVD	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith Ferlita	
STREET ADDRESS	207 Beach Place	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilma Warren	
STREET ADDRESS	805 Justice Drive	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles "Fred" Hearn	
STREET ADDRESS	102 E. 7th Avenue	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin White	
STREET ADDRESS	315 E. Kennedy Boulevard	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Varghese Jacob	
STREET ADDRESS	4010 W. Spruce St.	
CITY-ST-ZIP	Tampa, FL 33607	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Charles F. Hearn **04/28/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #