

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N22429 (7)**  
1. Corporation Name  
**HILLSBOROUGH COUNTY ELEMENTARY MATH COUNCIL, INC**



Principal Place of Business  
**C/O W.E. NORDEN  
601 VALLE VISTA DR  
BRANDON FL 33511  
US**

Mailing Address  
**C/O W.E. NORDEN  
601 VALLE VISTA DR  
BRANDON FL 33511  
US**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**09/10/1987**

3a. Date of Last Report  
**04/05/1995**

4. FEI Number  
**59-2810327**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**KELLER, JACK  
6210 EAGLEBROOK AVENUE  
TAMPA FL 33635**

10. Name and Address of New Registered Agent  
81 Name **Dianna Smith**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**16904 Filly Lane**  
83 City **Odessa** FL 85 Zip Code **33556**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Dianna Smith** DATE **March 18, 1996**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KELLER, JACK	
STREET ADDRESS	6210 EAGLEWOOD AVENUE	
CITY-STATE-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, DIANNA	
STREET ADDRESS	16128 HUTCHINSON RD	
CITY-STATE-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	OTERO, DONNA	
STREET ADDRESS	11312 CARROLLWOOD W PL	
CITY-STATE-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NORDEN, W.E.	
STREET ADDRESS	601 VALLE VISTA DR	
CITY-STATE-ZIP	BRANDON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAHLER, DIANA F	
STREET ADDRESS	5104 MOLL ACRES DR	
CITY-STATE-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, FELICIA	
STREET ADDRESS	3322 NUNDY RD	
CITY-STATE-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P/D SMITH, DIANNA</b>
1.3 STREET ADDRESS	<b>16904 FILLY LN</b>
1.4 CITY-STATE-ZIP	<b>ODESSA, FL 33556</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>V/D TRAPNELL, Dottie</b>
2.3 STREET ADDRESS	<b>911 E. SPARKMAN RD.</b>
2.4 CITY-STATE-ZIP	<b>PLANT CITY, FL 33566</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D TREMPER, MARY</b>
3.3 STREET ADDRESS	<b>109 W. NORTH ST.</b>
3.4 CITY-STATE-ZIP	<b>TAMPA FL 33604</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>SORIANO, ALBERT</b>
5.3 STREET ADDRESS	<b>1722 MILL RUN CIRCLE</b>
5.4 CITY-STATE-ZIP	<b>TAMPA, FL 33613</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>900001761909</b>
6.3 STREET ADDRESS	<b>-03/29/96--01006--011</b>
6.4 CITY-STATE-ZIP	<b>***61.25</b>

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 119.07(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: **W. E. Norden** **W. Norden** **3/13/96** **813-685-3130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

PM 3-28-1996