


FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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		3. Date Incorporated or Qualified 09/10/1987	
2. Principal Place of Business 21		2a. Mailing Address 25		4. FEI Number 59-2810327	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent DOROTHY D. TRAPNELL 911 E. SPARKMAN RD. PLANT CITY FL 33566		10. Name and Address of New Registered Agent 81 Name Susan Avery 82 Street Address (P.O. Box Number is Not Acceptable) 3030 Tarpon Woods Blvd. 83 84 City Palm Harbor FL 85 Zip Code 34685			

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 Susan D. Avery DATE 1/8/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY D. TRAPNELL	1.2 NAME	Susan Avery
STREET ADDRESS	911 E. SPARKMAN RD.	1.3 STREET ADDRESS	3030 Tarpon Woods Blvd
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	Palm Harbor FL 34685
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN AVERY	2.2 NAME	Betty Baldwin
STREET ADDRESS	3030 TARPON WOODS BLVD.	2.3 STREET ADDRESS	6332 Tralee Ave
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	New Port Richey FL 34653
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK KELLER	3.2 NAME	
STREET ADDRESS	6210 EAGLEWOOD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDEN, W.E.	4.2 NAME	
STREET ADDRESS	601 VALLE VISTA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY TREMPER	5.2 NAME	Barbara Knox
STREET ADDRESS	109 W. NORTH ST.	5.3 STREET ADDRESS	5208 W. Downing
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Dover FL 33527
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL SORIANO	6.2 NAME	
STREET ADDRESS	1722 MILL RUN CIR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. 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 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: AL SORIANO DATE: Jan 8 1998 (813) 272-4959
(NOTE: Registered Agent signature required when reinstating)