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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N29796** **(2)**

1. Corporation Name

HILLSBOROUGH ORGANIZATION FOR PROGRESS AND EQUAL ITY, INC.

Principal Place of Business	Mailing Address
1702 AVE REPUBLICA DECUBA TAMPA FL 33605 US	1702 AVE REPUBLICA DECUBA TAMPA FL 33605 US

3. Date Incorporated or Qualified: **12/20/1988**
3a. Date of Last Report: **07/17/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2914463** ☐ Applied For ☐ Not Applicable

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

COTTMAN, JACK
6007 N 48TH ST
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name: Willard L. Lee
82 Street Address (P.O. Box Number is Not Acceptable): 4010 Orangefield Place
83
84 City: Valrico FL 85 Zip Code: 33594

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TV	☒ DELETE	1.1 TITLE	TV	☒ Change ☒ Addition
NAME	LEE, W.L.		1.2 NAME	Hilrie Kemp, Jr.	
STREET ADDRESS	4010 ORANGEFIELD PLACE		1.3 STREET ADDRESS	8005 Ash Avenue	
CITY-ST-ZIP	VALRICO FL		1.4 CITY-ST-ZIP	Tampa, FL 33619	
TITLE	TV	☒ DELETE	2.1 TITLE	TV	☒ Change ☒ Addition
NAME	SCOTT, THOMAS		2.2 NAME	Joe Johnson	
STREET ADDRESS	3412 E 22ND AVE		2.3 STREET ADDRESS	4405 Porporse Drive	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, FL 33617	
TITLE	TT	☒ DELETE	3.1 TITLE	James Dawkins	☒ Change ☒ Addition
NAME	HUDSON, CYNTHIA		3.2 NAME	TT	
STREET ADDRESS	8005 HIDDEN RIVER DRIVE 14		3.3 STREET ADDRESS	3608 E. Lindell Ave.	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, FL 33610	
TITLE	TV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, LORETTA		4.2 NAME		
STREET ADDRESS	4306 N 39TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STREATER, SHARON		5.2 NAME		
STREET ADDRESS	2309 RIDGEWOOD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	TV	☒ DELETE	6.1 TITLE	TS	☐ Change ☒ Addition
NAME	RICHARDSON, BARBARA		6.2 NAME	Columbus Warren	
STREET ADDRESS	208 WEST ALVA STREET		6.3 STREET ADDRESS	2004 E. Hamilton Ave	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	Tampa, FL 33610	

CR2E037 (9/96)

14. I do 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: Sharon Streater (Sharon) Streater — 4/24/97 — 813/248-4673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0079147