FILE NOW: FILING FEE IS $61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90214 044 ****61.25

0049568

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29796

1. Corporation Name

HILLSBOROUGH ORGANIZATION FOR PROGRESS AND EQUAL ITY, INC.

Principal Place of Business	Mailing Address
3131 N. BOULEVARD TAMPA FL 33605 US	3131 N. BOULEVARD TAMPA FL 33605 US

2. Principal Place of Business
21
Suite, Apt. #, etc. 22: Suite B
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27: Suite B
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualifed: 12/20/1988

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

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

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

9. Name and Address of Current Registered Agent

LEE, WILLARD L
4010 ORANGEFIELD PLACE
VALRICO FL 33594

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 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 _____ 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		☐ Change ☐ Addition
NAME	KEMP, HILRIE JR		1.2 NAME		
STREET ADDRESS	8005 ASH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	TV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JOE		2.2 NAME		
STREET ADDRESS	4405 PORPOISE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	TT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JONES, DAVID		3.2 NAME		
STREET ADDRESS	3420 E LINDELL AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		3.4 CITY-ST-ZIP		
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	514 W PLAZA PL		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	CONDON, RICHARD		6.2 NAME		
STREET ADDRESS	8708 LYNN AVE		6.3 STREET ADDRESS	5613 E. 127th Ave. #B	
CITY-ST-ZIP	TAMPA FL 33604		6.4 CITY-ST-ZIP	TAMPA FL 33617	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Sharon Streater SHARON STREATER 1/15/99 813-221-4673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #