

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29796

Entity Name: HILLSBOROUGH ORGANIZATION FOR PROGRESS AND EQUALITY, INC.**Current Principal Place of Business:**5103 N. CENTRAL AVENUE
TAMPA, FL 33603**Current Mailing Address:**5103 N. CENTRAL AVENUE
TAMPA, FL 33603 US**FEI Number: 59-2914463****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHNEIDER, BOB
5103 N. CENTRAL AVENUE
TAMPA, FL 33603 US*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.***SIGNATURE:** BOB SCHNEIDER**08/18/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	OTHER
Name	POWELL JACKSON, BERNICE
Address	5103 N. CENTRAL AVENUE
City-State-Zip:	TAMPA FL 33603

Title	SECRETARY
Name	PRICE, LOIS
Address	5103 N. CENTRAL AVENUE
City-State-Zip:	TAMPA FL 33603

Title	TREASURER
Name	ARANHA, ARLENE
Address	5103 N. CENTRAL AVE
City-State-Zip:	TAMPA FL 33603

Title	D
Name	STREATER, SHARON
Address	5103 N. CENTRAL AVENUE
City-State-Zip:	TAMPA FL 33603

Title	PRESIDENT
Name	SCHNEIDER, BOB
Address	810 W. VIRGINIA AVENUE
City-State-Zip:	TAMPA FL 33603

Title	PRESIDENT
Name	JONES, CYNTHIA
Address	5103 N. CENTRAL AVENUE
City-State-Zip:	TAMPA FL 33603

Title	SECRETARY
Name	HARLOW, CAROL
Address	5103 N. CENTRAL AVENUE
City-State-Zip:	TAMPA FL 33603

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON STREATER**EXECUTIVE DIRECTOR****08/18/2017**

Electronic Signature of Signing Officer/Director Detail

Date