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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 # 708777 (8)

1. Corporation Name

VETERANS COUNCIL OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business	Mailing Address
VETERAN PARK & MUSEUM 3602 HWY. 301N TAMPA FL 33619	POST OFFICE BOX 1435 TAMPA FL 33601-1435 US

3. Date Incorporated or Qualified: 04/08/1965
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: VETERANS PARK + MUSEUM
22: 3602 Hwy 301N
23: TAMPA
24: 33619
25: Hillsborough

2a. Mailing Address
27: 3602 Hwy 301N
28: TAMPA
29: 33619
30: Hillsborough

4. FEI Number: 59-2956581 ☐ 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

BARDELL, MICHAEL
8419 RIVERVIEW DRIVE
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name: DAVE BRAUN
82 Street Address (P.O. Box Number is Not Acceptable): 510 ROBIN HILL CR.
83:
84 City: BRANDON FL 85 Zip Code: 33510

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: Dave Braun — February 21, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BROWN, DAUB		1.2 NAME		
STREET ADDRESS	510 ROBIN HILL CIRCLE		1.3 STREET ADDRESS	510 Robin Hill Circle	
CITY-ST-ZIP	BRANDON FL 33510		1.4 CITY-ST-ZIP	Brandon, FL 33510	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	BRAUN, DAVE		2.2 NAME	Norb Ayers	
STREET ADDRESS	510 ROBIN HILL CIR		2.3 STREET ADDRESS	1927 Redbridge Drive	
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP	Brandon, FL 33511-8398	
TITLE	P	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARDELL, MICHAEL		3.2 NAME		
STREET ADDRESS	8419 RIVERVIEW DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PORTERFIELD, ED		4.2 NAME		
STREET ADDRESS	3011 W PATTERSON		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	VD Jim Hilton	☒ Change ☐ Addition
NAME	HILTON, JOM		5.2 NAME	755 Oceanside Court	
STREET ADDRESS	6217 FLORIDA CIR W		5.3 STREET ADDRESS	Ruskin, FL 33570	
CITY-ST-ZIP	APOLLO BEACH FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LANGE, RAMONA M		6.2 NAME		
STREET ADDRESS	1447 FOGGY RIDGE PARKWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		6.4 CITY-ST-ZIP		

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: Dave Braun — 2-24-1997
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date