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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
VETERANS PARK & MUSEUM 3602 HIGHWAY 301 NO TAMPA FL 33619 US	3602 HIGHWAY 301 NO TAMPA FL 33619 US

3. Date Incorporated or Qualified: 04/08/1965

4. FEI Number: 59-2956581 ☐ Applied For ☐ Not Applicable

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

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRAUN, DAVE
510 ROBIN HILL CIRCLE
BRANDON FL 33510

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: DAVE BRAUN — Dave Braun President — 1-15-98
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRAUN, DAVE		1.2 NAME		
STREET ADDRESS	510 ROBIN HILL CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	AYERS, NORB		2.2 NAME		
STREET ADDRESS	1927 REDBRIDGE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 98		2.4 CITY-ST-ZIP		
TITLE	R	☒ 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		☐ Change ☐ Addition
NAME	HILTON, JIM		5.2 NAME		
STREET ADDRESS	755 OCEANSIDE COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	RUSKIN 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 (10/97)

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: Ramona Lange — 2-23-98
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #