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FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719432 (7)

1. Corporation Name

HILLSBOROUGH COUNTY SCHOOLS TRANSPORTATION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9455 HARNEY RD.
THONOTOSASSA FL 335929455 HARNEY RD.
THONOTOSASSA FL 33592-37053. Date Incorporated or Qualified
10/02/19703a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1714267

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWRY, VICTORIA
116 HICKORY CREEK DR
BRANDON FL 33511

81 Name

Barbara Rodriguez

82 Street Address (P.O. Box Number is Not Acceptable)

10211 North 23rd Street

83

84 City

Tampa

FL

85 Zip Code
33612

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

Barbara Rodriguez

Barbara Rodriguez, P.D.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☒ DELETE
NAME OVERCASH, LOUISE
STREET ADDRESS 607 E BLOOMINGDALE AVE
CITY-ST-ZIP BRANDON FL1.1 TITLE SD ☒ Change ☐ Addition
1.2 NAME ELEANOR Vogel
1.3 STREET ADDRESS 10 Cypress Lane
1.4 CITY-ST-ZIP Valrico, FL 33594TITLE TD ☐ DELETE
NAME HULBERT, KAY
STREET ADDRESS 1016 AUBURN LN
CITY-ST-ZIP SEFFNER FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE PD ☒ DELETE
NAME LAWRY, VICTORIA
STREET ADDRESS 116 HICKORY CREEK DR
CITY-ST-ZIP BRANDON FL3.1 TITLE PD ☒ Change ☐ Addition
3.2 NAME Barbara Rodriguez
3.3 STREET ADDRESS 10211 North 23rd Street
3.4 CITY-ST-ZIP Tampa, FL 33612TITLE VD ☒ DELETE
NAME DEMPSEY, CAMILLE
STREET ADDRESS 4436 CASTLEWOOD RD
CITY-ST-ZIP SEFFNER FL4.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME NANCY CAMDEN
4.3 STREET ADDRESS 9411 North 19th Street
4.4 CITY-ST-ZIP Tampa, FL 33612TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Kay Hulbert

1/21/97

813-689-8924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046835

CR2E037 (9/96)