

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720322 (7)

1. Corporation Name

HILLSBOROUGH ASSOCIATION FOR RETARDED CITIZENS,
INC.



Principal Place of Business

Mailing Address

2714 W. KIRBY ST.
TAMPA, FL 33614
US

2714 W. KIRBY ST.
TAMPA FL 33614
US

3. Date Incorporated or Qualified

02/23/1971

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0895908

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, PATRICK
8510 N. ARMENIA AVE
APT. 1503
TAMPA FL 33604

81 Name

Robert Hermida

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

3712 Orange Point Drive

83

84 City

Valrico

FL

85 Zip Code
33594

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

Robert Hermida

(NOTE: Registered Agent signature required when transferring)

3-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~TD~~
NAME SHERIDAN, DR. RICHARD
STREET ADDRESS 11804 WILLOW POINT WAY
CITY-ST-ZIP TAMPA FL

1.1 TITLE ~~TD~~
1.2 NAME Gibbs, Jerry
1.3 STREET ADDRESS 12736 Marjory Ave
1.4 CITY-ST-ZIP Tampa, FL 33612

TITLE ~~DVP~~
NAME HOLCOMB, JOHN
STREET ADDRESS P. O. BOX 2231 N/A
CITY-ST-ZIP TAMPA FL

2.1 TITLE ~~VPD~~
2.2 NAME Brannock, Steven
2.3 STREET ADDRESS 8113 Revels Road
2.4 CITY-ST-ZIP Riverview, FL 33569

TITLE ~~PD~~
NAME HERMIDA, ROBERT
STREET ADDRESS 3712 ORANGE PT. DR.
CITY-ST-ZIP VALRICO FL

3.1 TITLE ~~VPD~~
3.2 NAME Bobanic, Patricia C.
3.3 STREET ADDRESS 5003 Garrick Court
3.4 CITY-ST-ZIP Tampa, FL 33604

TITLE ~~SD~~
NAME BOBANIC, PATRICIA C
STREET ADDRESS 5003 GARRICK CT.
CITY-ST-ZIP TAMPA FL

4.1 TITLE ~~VPD~~
4.2 NAME Bobanic, Patricia C.
4.3 STREET ADDRESS 5003 Garrick Court
4.4 CITY-ST-ZIP Tampa, FL 33604

TITLE ~~PD~~
NAME ANDERSON, CHARLOTTE
STREET ADDRESS 6710 N. RIVER BLVD.
CITY-ST-ZIP TAMPA FL

5.1 TITLE ~~VPD~~
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ~~DVP~~
NAME QUILLEON, BOBBIE
STREET ADDRESS 9437 ROCKROSE DR.
CITY-ST-ZIP TAMPA FL

6.1 TITLE ~~SD~~
6.2 NAME Quilleon, Bobbie
6.3 STREET ADDRESS 9437 Rockrose Drive
6.4 CITY-ST-ZIP Tampa, FL 33647

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96 813-931-9100

Date

Daytime Phone #

CR2E037 (12/95)