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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US2714 W. KIRBY ST.
TAMPA FL 33614-3300
US3. Date Incorporated or Qualified
02/23/19713a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 9537

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 Tampa, FL

24 Zip

25 Country

29 33674

30 Country

4. FEI Number
59-0895908Applied For
Not Applicable5. 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

HERMIDA, ROBERT
3712 ORANG POINT DRIVE
VALRICO FL 33594

81 Name

Lilliston, Richard

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

571 Longwood Circle

83

84 City

Oldsmar

FL

85 Zip Code
34677

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☒ DELETE
NAME GIBBS, JERRY
STREET ADDRESS 12736 MARJORY AVENUE
CITY-ST-ZIP TAMPA FL1.1 TITLE VPD ☐ Change ☒ Addition
1.2 NAME Miller, Tricia B.
1.3 STREET ADDRESS 18125 Palm Breeze Drive
1.4 CITY-ST-ZIP Tampa, FL 33647TITLE DVP ☐ DELETE
NAME HOLCOMB, JOHN
STREET ADDRESS P. O. BOX 2231 N/A
CITY-ST-ZIP TAMPA FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME HERMIDA, ROBERT
STREET ADDRESS 3712 ORANGE PT. DR.
CITY-ST-ZIP VALRICO FL3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME Hermida, Robert
3.3 STREET ADDRESS 3712 Orange Point Dr.
3.4 CITY-ST-ZIP Valrico, FL 33594TITLE VPD ☐ DELETE
NAME BOBANIC, PATRICIA C
STREET ADDRESS 5003 GARRICK CT.
CITY-ST-ZIP TAMPA FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VPD ☐ DELETE
NAME BRANNOCK, STEVEN
STREET ADDRESS 8113 REVELS ROAD
CITY-ST-ZIP RIVERVIEW FL5.1 TITLE PD ☒ Change ☐ Addition
5.2 NAME Brannock, Steven
5.3 STREET ADDRESS 8113 Revels Road
5.4 CITY-ST-ZIP Riverview, FL 33569TITLE SD ☐ DELETE
NAME QUILLEON, BOBBIE
STREET ADDRESS 9437 ROCKROSE DR.
CITY-ST-ZIP TAMPA FL6.1 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 10, 1997

Date

813-973-0374

Daytime Phone # 0048158

CFR2E037 (9/96)