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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720322** (7)

1. Corporation Name

HILLSBOROUGH ASSOCIATION FOR RETARDED CITIZENS, INC.



Principal Place of Business

Mailing Address

**2714 W. KRIBY ST.
TAMPA, FL 33614
US**

**P.O. BOX 9537
TAMPA FL 33674
US**

3. Date Incorporated or Qualified

02/23/1971

4. FEI Number

59-0895908

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

**LILLISTON, RICHARD
674 LONGWOOD CIRCLE
OLDSMAR FL 34077**

**3704 Monarch Drive
Tampa, FL 33618**

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

Richard Lilliston, CEO
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPD** ☒ DELETE
NAME **MILLER, TRICIA B.**
STREET ADDRESS **18125 PALM BREEZE DRIVE**
CITY-ST-ZIP **TAMPA FL**

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

TITLE **TD** ☐ DELETE
NAME **HERMIDA, ROBERT**
STREET ADDRESS **3712 ORANGE PT. DR.**
CITY-ST-ZIP **VALRICO FL**

TITLE **VPD** ☐ DELETE
NAME **BOBANIC, PATRICIA C**
STREET ADDRESS **5003 GARRICK CT.**
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☐ DELETE
NAME **BRANNOCK, STEVEN**
STREET ADDRESS **8113 REVELS ROAD**
CITY-ST-ZIP **RIVERVIEW FL**

TITLE **SD** ☒ DELETE
NAME **QUILLEON, BOBBIE**
STREET ADDRESS **9437 ROCKROSE DR.**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD
Stoan, Rhonda
593 W. Idlewild Ave
Tampa, FL 33604

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(4)(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:

Robert Hermida

Robert Hermida

2/5/98

CR2E037 (10/97)