

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720322

FILED
Jan 06, 2004
Secretary of State**Entity Name:** HILLSBOROUGH ASSOCIATION FOR RETARDED CITIZENS, INC.**Current Principal Place of Business:**2714 W. KRIBY ST.
TAMPA, FL 33614 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 9537
TAMPA, FL 33674 US**New Mailing Address:****FEI Number:** 59-0895908**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LILLISTON, RICHARD
9704 MONARCH DRIVE
TAMPA, FL 33618 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RODRIGUEZ, MELANIE
Address: 5444 BAY CENTER DR. # 115
City-St-Zip: TAMPA, FL 33609

Title: SD () Delete
Name: SLOAN, RHONDA
Address: 503 W IDLEWILD AVE.
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: RIBA, DAVID S
Address: P O BOX 4517
City-St-Zip: CLEARWATER, FL 33758

Title: D () Delete
Name: HEUMAN, HARRY
Address: 15719 GARDENSIDE LANE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: FRASSA, CONRAD
Address: 8001 LAGO VISTA
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: HOLBROOK, TONY
Address: 5001 W. LEMON STREET
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RODRIGUEZ, MELANIE
Address: 5444 BAY CENTER DR. # 115
City-St-Zip: TAMPA, FL 33609

Title: SD (X) Change () Addition
Name: LOGSDON, GLORIA
Address: 1150 SHIPWATCH CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: PIRO, PAUL
Address: 2202 N. WESTSHORE BLVD; SUITE 455
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL PIRO

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date