2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Dec 16, 2008 **DOCUMENT#720322** Secretary of State

Entity Name: HILLSBOROUGH ASSOCIATION FOR RETARDED CITIZENS, INC.

Current Principal Place of Business: New Principal Place of Business:

2714 W. KRIBY ST. TAMPA, FL 33614 US

Current Mailing Address: New Mailing Address:

P.O. BOX 9537 TAMPA, FL 33674 US

FEI Number: 59-0895908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LILLISTON, RICHARD 220 E. MADISON **SUITE 1040** TAMPA, FL 33602 US

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:

OFFICERS AND DIRECTORS:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

FALCON, JOSHUA LILLISTON, RICHARD A Name: Name: 4230 S. MACDILL AVE. Address: 2714 W. KIRBY Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33614

Title: (X) Delete Title: () Change () Addition

LOGSDON, GLORIA Name: Name: Address: 1150 SHIPWATCH CIRCLE Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

WERKSTELL, SCOTT Name: Name: Address: 9234 SHENANDOAH RUN Address: City-St-Zip: WESTLEY CHAPEL, FL 33544 City-St-Zip:

Title: VΡ (X) Delete Title: () Change () Addition

BURNETTE, MARSHALL J Name: Name: 27451 MISTIFLOWER DRIVE Address: Address: City-St-Zip: WESLEY CHAPLEL, FL 33543 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

FRASSA, CONRAD Name: Name: 8001 LAGO VISTA Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

VAN DYKE, RUTH Name: Name: Address: 1151 SHIPWATCH CIRCLE Address: TAMPA, FL 33602 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FRANK PANNULLO **CFO** 12/16/2008