FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 FEB -2 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741931 (0)

1. Corporation Name
THE HILLSBOROUGH COUNTY CRISIS CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2214 EAST HENRY AVENUE TAMPA FL 33610-4433	2214 EAST HENRY AVENUE TAMPA FL 33610-4433

3. Date Incorporated or Qualified: 03/09/1978
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1785265 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VAZQUEZ, JERRY J.
2214 EAST HENRY AVENUE
TAMPA FL 33610

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Chairman (c)	☐ Change ☒ Addition
NAME	BENITO, HELEN C.	1.2 NAME	Jeffrey Drew Butt, Esquire	
STREET ADDRESS	200 CORSICA STREET	1.3 STREET ADDRESS	201 East Kennedy Boulevard	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, Florida 33602	
TITLE	D	2.1 TITLE	Vice Chairman (VC)	☐ Change ☒ Addition
NAME	HANN, WILLIAM E. ESQ	2.2 NAME	Linda A. Miller	
STREET ADDRESS	201 E. KENNEDY BLVD	2.3 STREET ADDRESS	702 North Franklin Street	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, Florida 33602	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	BERRY, ANITA R.	3.2 NAME		
STREET ADDRESS	3301 N. PERRY STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	CD	4.1 TITLE	Director (D)	☒ Change ☐ Addition
NAME	ROSS, DENNIS M	4.2 NAME	Dennis M. Ross	
STREET ADDRESS	3113 COCOS RD	4.3 STREET ADDRESS	4010 Boy Scout Boulevard	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, Florida 33607	
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	COVINGTON, KAREN K. CPA	5.2 NAME	Karen K. Covingrton, CPA	
STREET ADDRESS	702 FRANKLINS T	5.3 STREET ADDRESS	1410 North Westshore Boulevard	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, Florida 33607	
TITLE	VD	6.1 TITLE	Director(D)	☒ Change ☐ Addition
NAME	FOX, ROBERT E.	6.2 NAME	Robert E. Fox	
STREET ADDRESS	610 MORGAN STREET, PC 640	6.3 STREET ADDRESS	610 Morgan Street, PC640	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Tampa, Florida 33602	

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)(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: Jeffrey Drew Butt Jeffrey Drew Butt, Esquire 1/18/95 (813)238-8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0053947