FILE NOW: FILING FEE IS ~~$61.25~~

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 741931 (0)

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

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: 02/02/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 2214 East Henry Avenue
Suite, Apt. #, etc.
27
City & State
28 Tampa, Florida
Zip 29 33610-4497 Country 30 Hillsborough

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENITO, HELEN C. 200 CORSICA STREET TAMPA FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	C/D Jeffrey Drew Butt, Esquire 201 East Kennedy Boulevard Ste. 1000 Tampa, Florida 33602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANN, WILLIAM E. ESQ 201 E. KENNEDY BLVD TAMPA FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Msgr. Laurence Higgins 5223 North Himes Avenue Tampa, Florida 33614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BERRY, ANITA R. 3301 N. PERRY STREET TAMPA FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	000001715560 02/15/96 01040 009 ***70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSS, DENNIS M 4010 BOY SCOUT BOULEVARD TAMPA FL 33607	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COVINGTON, KAREN K CPA 1410 NORTH WESTSHORE BOULEVARD TAMAP FL 33607	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOX ROBERT E 610 MORGAN STREET PC640 TAMPA FL 33602	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D Linda A. Miller 702 North Franklin Street Plaza 7 Tampa, Florida 33602

CR2E037 (12/95)

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)(k), 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 (813)2388411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1/23/96 — Daytime Phone #