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

FILED
Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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<br>TAMPA FL 33610-4433 | 2214 EAST HENRY AVENUE<br>TAMPA FL 33610-4433 |

3. Date Incorporated or Qualified: 03/09/1978
3a. Date of Last Report: 02/11/1996

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

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-1785265 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX **$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 | CD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BUTT, JEFFREY DREW ESQUIRE | | 1.2 NAME | | |
| STREET ADDRESS | 201 EAST KENNEDY BOULEVARD, STE 1000 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33602 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HIGGINS, LARENCE MSGR. | | 2.2 NAME | | |
| STREET ADDRESS | 5223 NORTH HIMES AVENUE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33614 | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 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 | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ROSS, DENNIS M | | 4.2 NAME | | |
| STREET ADDRESS | 4010 BOY SCOUT BOULEVARD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33607 | | 4.4 CITY-ST-ZIP | | |
| TITLE | TD | XX DELETE | 5.1 TITLE | TD | ☒ Change ☐ Addition |
| NAME | COVINGTON, KAREN K CPA | | 5.2 NAME | Linda A. Miller | |
| STREET ADDRESS | 1410 NORTH WESTSHORE BOULEVARD | | 5.3 STREET ADDRESS | 702 North Franklin Street Plaza 7 | |
| CITY-ST-ZIP | TAMAP FL 33607 | | 5.4 CITY-ST-ZIP | Tampa, Florida 33602 | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | MILLER, LINDA A | | 6.2 NAME | Jeffrey T. Copper | |
| STREET ADDRESS | 702 NORTH FRANKLIN STREET PLAZA 7 | | 6.3 STREET ADDRESS | 4830 West Kennedy Boulevard Suite 655 | |
| CITY-ST-ZIP | TAMPA FL 33602 | | 6.4 CITY-ST-ZIP | Tampa, Florida 33607 | |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 (813)238-8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0047726