FILE NOW: FILING FEE IS $61.25

FILED
Mar 05, 1999 8:00 am
Secretary of State
03-05-1999 90006 001 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741931

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 33610-4497

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)

3. Date Incorporated or Qualified: 03/09/1978

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

5. Certifcate of Status Desired: X — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ — **$5.00** May Be Added to Fees

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	VD	☐ 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 33603		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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LINDA A. MILLER		5.2 NAME		
STREET ADDRESS	702 N. FRANKLIN ST. PLAZA 7		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMAP FL 33602		5.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	6.1 TITLE	CD	☒ Change ☐ Addition
NAME	JEFFREY T. COPPER		6.2 NAME	Jeffrey T. Copper	
STREET ADDRESS	4830 WEST KENNEDY BLVD., STE 655		6.3 STREET ADDRESS	3225 S. MacDill Avenue # 129-115	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	Tampa, Florida 33629	

14. I 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, with all other like empowered.

SIGNATURE: Jeffrey Drew Butt SIGNATURE REQUIRED Jeffrey Drew Butt, Vice Chairman 2/17/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (813) 228-8530

CR2E037 (11/98)