2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004
Secretary of State

DOCUMENT# 741931

Entity Name: THE HILLSBOROUGH COUNTY CRISIS CENTER, INC.

Current Principal Place of Business:

ONE CRISIS CENTER PLAZA
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

ONE CRISIS CENTER PLAZA
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-1785265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANDREW SERVICE CORPORATION OF FLORIDA, INC
201 N. FRAMKLIN STREET, SUITE 2100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	REYNOLDS, CLARA	
Address:	9322 NORTH ARRAWANA AVENUE	
City-St-Zip:	TAMPA, FL 33618	
Title:	SD	( ) Delete
Name:	MARTINO, PHILIP ESQUIRE	
Address:	101 EAST KENNEDY BOULEVARD, SUITE 2000	
City-St-Zip:	TAMPA, FL 33602	
Title:	TD	( ) Delete
Name:	BRADSTOCK, GAIL	
Address:	401 EAST JACKSON STREET	
City-St-Zip:	TAMPA, FL 33602	
Title:	D	( ) Delete
Name:	ROSS, DENNIS M	
Address:	13799 78TH AVENUE NORTH	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	D	( ) Delete
Name:	LINDA A. MILLER,	
Address:	702 N. FRANKLIN ST. PLAZA 7	
City-St-Zip:	TAMAP, FL 33602	
Title:	CD	( ) Delete
Name:	HOWELL, GARY ASA EA	
Address:	3030 NORTH ROCKY POINT DRIVE WEST STE 410	
City-St-Zip:	TAMPA, FL 33607	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENNIS M. ROSS D 01/12/2004

Electronic Signature of Signing Officer or Director — Date