2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741931

FILED Jaņ 03, 2<u>00</u>5 Secretary of State

Entity Name: THE HILLSBOROUGH COUNTY CRISIS CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

ONE CRISIS CENTER PLAZA TAMPA, FL 33613

Current Mailing Address: New Mailing Address:

ONE CRISIS CENTER PLAZA TAMPA, FL 33613

OFFICERS AND DIRECTORS:

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete REYNOLDS, CLARA BUTT. JEFFREY D ESQUIRE Name: Name: 9322 NORTH ARRAWANA AVENUE Address: 201 NORTH FRANKLIN STREET Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33602

Title: Title: () Delete () Change () Addition

MARTINO, PHILIP ESQUIRE Name: Name: Address: 101 EAST KENNEDY BOULEVARD, SUITE 2000 Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip:

Title: () Delete Title: (X) Change () Addition BRADSTOCK, GAIL Name: COVINGTON, KAREN CPA Name:

Address: 401 EAST JACKSON STREET 3109 W. DR. MARTIN LUTHER KING JR. BLVD. Address:

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33607

Title: () Delete Title: D (X) Change () Addition Name: ROSS, DENNIS M Name: ROSS, DENNIS M

13799 78TH AVENUE NORTH ONE CRISIS CENTER PLAZA Address: Address:

City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: TAMPA, FL 33613

Title: () Delete Title: (X) Change () Addition

LINDA A. MILLER, WORTHY, MICLELE Name: Name:

702 N. FRANKLIN ST. PLAZA 7 4100 BOY SCOUT BOULEVARD Address: Address: City-St-Zip: TAMAP, FL 33602 City-St-Zip: TAMPA, FL 33607

Title: () Delete Title: (X) Change () Addition HOWELL, GARY ASA EA HOWELL, GARY ASA EA Name: Name:

Address: 3030 NORTH ROCKY POINT DRIVE WEST STE 410 Address: 3031 NORTH ROCKY POINT DRIVE WEST STE 410

TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607 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 01/03/2005