

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 757380**

1. Corporation Name

**PRINCE HALL AFFILIATED BODIES OF HILLSBOROUGH CO  
UNTY, INC.**

Principal Place of Business

1708 E. COLUMBUS DRIVE  
TAMPA FL 33605  
US

Mailing Address

1708 E. COLUMBUS DRIVE  
TAMPA FL 33605  
US

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90078 021 \*\*\*\*70.00

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/02/1981

4. FEI Number

59-2153378

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

9. Name and Address of Current Registered Agent

FOSTER, ROOSEVELT  
1708 E. COLUMBUS DRIVE  
TAMPA FL 33605

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME FOSTER, ROOSEVELT  
STREET ADDRESS 4456 TARPON DR  
CITY-ST-ZIP TAMPA FL

TITLE D  
NAME HAUGABOOK, EARL  
STREET ADDRESS 1407 SHELL FLOWER DR  
CITY-ST-ZIP BRANDON FL

TITLE S  
NAME ATKINS, BARBARA  
STREET ADDRESS 11416 PRUITT ROAD  
CITY-ST-ZIP SEFFNER FL

TITLE T  
NAME HAUGABOOK, ANNIE B  
STREET ADDRESS 1407 SHELL FLOWER DRIVE  
CITY-ST-ZIP BRANDON FL

TITLE D  
NAME PATTEN, JOHNNY  
STREET ADDRESS 1213 LADY GUINEVERE DR  
CITY-ST-ZIP VALRICO FL

TITLE D  
NAME SUTTON, ANNIE E.  
STREET ADDRESS 11416 PRUETT RD.  
CITY-ST-ZIP SEFFNER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 813 988 4984

Date

Daytime Phone #

CR2E037 (11/98)