

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90304 022 \*\*\*\*61.25

<b>DOCUMENT # 757380</b> 1. Entity Name <b>PRINCE HALL AFFILIATED BODIES OF HILLSBOROUGH COUNTY, INC.</b>					
Principal Place of Business <b>1708 E. COLUMBUS DRIVE TAMPA, FL 33605 US</b>				Mailing Address <b>1708 E. COLUMBUS DRIVE TAMPA, FL 33605 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2153378</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HAUGABOOK, EARL 1708 E. COLUMBUS DRIVE TAMPA, FL 33605</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <small>Signature, typed or printed name of registered agent and fee, applicable. (NOTE: Registered Agent signature required when re-appointing)</small>				DATE: <b>3/28/05</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HAUGABOOK, EARL</b>		NAME	<b>Derek Williams</b>	
STREET ADDRESS	<b>4407 SHELL FLOWER DRIVE</b>		STREET ADDRESS	<b>9410 Barrington Creek Place</b>	
CITY-ST-ZIP	<b>BRANDON, FL 33311</b>		CITY-ST-ZIP	<b>Dover, FL 33527</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WALLACE, GEORGE</b>		NAME		
STREET ADDRESS	<b>1777 LAKEVIEW VILLAGE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRANDON, FL 33510</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ATKINS, BARBARA</b>		NAME		
STREET ADDRESS	<b>11416 PRUITT ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEFFNER, FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WILLIAMS, ALMATINE C</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 11763</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33680</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FOSTER, ROOSEVELT</b>		NAME		
STREET ADDRESS	<b>4456 TARPON DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33617</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GARTER, LEVI</b>		NAME	<b>Earl Haugabook</b>	
STREET ADDRESS	<b>8500 RIDIN RD</b>		STREET ADDRESS	<b>1407 Shell Flower Drive</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33649</b>		CITY-ST-ZIP	<b>BRANDON, FL 33511</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:			SIGNATURE:		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>3/28/05</b> <small>Daytime Phone #</small>		

813-563-2219