## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 16, 2008 8:00 am

DOCUMENT # 757380  1. Entity Name PRINCE HALL AFFILIATED BODIES OF HILLSBOROUGH COUNTY, INC.					Secretary of State 04-16-2008 90016 031 ****70.00			
Principal Place of Business 1708 E. COLUMBUS DRIVE TAMPA, FL 33605 US  Maiting Address 1708 E. COLUMBUS DRIVE TAMPA, FL 33605 US  TAMPA, FL 33605 US								
. <del></del>								
2. Principal Place of Business - No P.O. Box # 3. Mailing Address							TRI BINTI BINTI BINTI ETATI BINTI EX	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02252008	Chg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-21533	78	/ —	pptied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired	\$8.75 Ad Fee Require	ditional
	6. Name and Address of Current I	Registered Agent			7. Name and Ad	dress of New	Registered Agent	
O <del>ILES, JOHN L-</del>				Sax	y Nox	man	TT	
1708 E. COLUMBUS DRIVE				ddress (P	O. Box Number i	s Not Acceptab	ole)	
GAINESVILLE, PL 32605			13	3//	Mohr	lato	Drive	
			City	Brandon FL Zacol				
	named entity submits this statement for	the purpose of changing its re	gistered office o			***	Torida. I am familiar with	, and accept
the obligat	ions of registered agent.						-1-1-	
SIĞNATURE .	trans Duras	<u>v</u>					3/17/08	
<u> </u>	Signature, type or printed name of registered agent a	nd title if applicable. (NOTE: F	legistered Agent signat	ture required wh	hen reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co			5.00 May Be Added to Fees		Make check payable orida Department of S	
10.	OFFICERS AND DIR	ECTORS	11.	AD	DITIONS/CHAN	GES TO OFFIC	ERS AND DIRECTORS II	V 10
TITLE Name	GILES, JOHN'L	, Delete	TITLE NAME	Norn	nan II, Mohr	Gary	/ Change	☐ Addition
STREET ADDRESS	14830 CORAL-BERRY DR		STREET ADDRESS	1311	Mohr	lake	Dri	
CITY-ST-ZIP	TAMPA, FL 33628		CTTY-ST-ZIP	Bra	ndon.	Fla	33511	
TITLE NAME	T POWELL, GRETA	☐ Delete	TITLE NAME		,		☐ Change	■ Addition
STREET ADDRESS	805 KIRKENDY WAY - Ki	x Kcaldy Wa	STREET ADDRESS					
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP					
IIILE	S ATMINE DADDADA	Detete "	INTE				☐ Change	Addition
NAME STREET ADDRESS	ATKINS, BARBARA 11416 PRUITT ROAD		NAME Street Address					
CITY-ST-ZIP	SEFFNER, FL		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE				☐ Change	Addition
NAME Street adoress	SULLIVAN, MINNIE PO BOX 524		NAME STREET ADDRESS					
CITY-SI-ZIP	THONOTOSASSA, FL 33592		CITY-ST-ZIP					
TITLE	D	Delete	TITLE .	13.1	or To	hn L.	Change	Addition
NAME STREET ADDRESS	FOSTER, ROOSEVELT		NAME CIDELY ADDROCCE	9111		- / Da	Dr.	
CITY-ST-ZIP	TAMPA, FE 33817		STREET ADORESS City-St-Zip	148	30 (01	A ZZ	Change YYY Dr.	
TITLE	D	☐ Delete	ШЕ	1477	· pa , -	<u> </u>	☐ Change	☐ Addition
NAME CTREET ADDRESS	HAUGABOOK, EARL		NAME OXIVET LODGE OR				-	
STREET ADDRESS	1407 SHELL FLOWER DRIVE		STREET ADDRESS	1				
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP	1				

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: Dan Buran SHARING OFFICER OR DIRECTOR