

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757380

FILED
Apr 30, 2009
Secretary of State

Entity Name: PRINCE HALL AFFILIATED BODIES OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:

1708 E. COLUMBUS DRIVE
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

1708 E. COLUMBUS DRIVE
TAMPA, FL 33605 US

New Mailing Address:

FEI Number: 59-2153378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, GARY II
1311 MOHRLAKE DR.
BRANDON, FL 33511 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: P () Delete
Name: NORMAN, GARY II
Address: 1311 MOHRLAKE DR.
City-St-Zip: BRANDON, FL 33511

Title: T () Delete
Name: POWELL, GRETA
Address: 805 KIRKENDY WAY
City-St-Zip: VALRICO, FL 33594

Title: S () Delete
Name: ATKINS, BARBARA
Address: 11416 PRUITT ROAD
City-St-Zip: SEFFNER, FL

Title: D () Delete
Name: SULLIVAN, MINNIE
Address: PO BOX 524
City-St-Zip: THONOTOSASSA, FL 33592

Title: D () Delete
Name: GILES, JOHN L
Address: 14830 CORAL BERRY DR.
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: HAUGABOOK, EARL
Address: 1407 SHELL FLOWER DRIVE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: POWELL, GRETA M
Address: 805 KIRKCALDY WAY
City-St-Zip: VALRICO, FL 33594

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 exemption stated in Chapter 119, 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: GRETA M. POWELL

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date