

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91216 001 ****61.25

DOCUMENT # 769967

1. Entity Name
**TAMPA/HILLSBOROUGH COUNTY YOUTH COUNCIL,
INC.**



Principal Place of Business
**102 E 7TH AVE
TAMPA, FL 33602 US**

Mailing Address
**102 E 7TH AVE
TAMPA, FL 33602 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2387402

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADLEY, SHELISIA
102 E 7TH AVE
TAMPA, FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **IVORY, RODRIGUEZ**
STREET ADDRESS **9225 BAY PLAZA BOULEVARD STE 405**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **P** ☒ Change ☐ Addition
NAME **Judith Ferlita**
STREET ADDRESS **207 Beach Place**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **V** ☐ Delete
NAME **SHIMBERG, JAMES**
STREET ADDRESS **400 N ASHLEY DR.**
CITY-ST-ZIP **TAMPA, FL**

TITLE **V** ☒ Change ☐ Addition
NAME **Wilma Warren**
STREET ADDRESS **805 Justice Drive**
CITY-ST-ZIP **Tampa, FL 33613**

TITLE **D** ☐ Delete
NAME **BRADLEY, SHELISIA**
STREET ADDRESS **102 E 7TH AVE**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BOWDEN, BOBBY**
STREET ADDRESS **306 E JACKSON ST**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D** ☒ Change ☐ Addition
NAME **Charles "Fred" Hearn**
STREET ADDRESS **102 E. 7th Avenue**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **D** ☒ Delete
NAME **HARRISON, SHAWN**
STREET ADDRESS **315 E KENNEDY BLVD**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D** ☒ Change ☐ Addition
NAME **Kevin White**
STREET ADDRESS **315 E. Kennedy Boulevard**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Varghese Jacob**
STREET ADDRESS **4010 W. Spruce St.**
CITY-ST-ZIP **Tampa, FL 33607**

12. 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 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:

Charles F. Hearn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/04

Date

Daytime Phone #