

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769967

FILED
May 01, 2008
Secretary of State

Entity Name: TAMPA/HILLSBOROUGH COUNTY YOUTH COUNCIL, INC.

Current Principal Place of Business:

102 E 7TH AVE
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

102 E 7TH AVE
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-2387402 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JACKSON, MYRON
102 E 7TH AVE
TAMPA, FL 33602 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: WARREN, WILMA
Address: 805 JUSTICE DRIVE
City-St-Zip: TAMPA, FL 33613

Title: VP () Delete
Name: RODRIQUEZ, IVORY
Address: 2006 JEAN STREET
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: SCOTT, THOMAS
Address: 102 E 7TH AVE
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: HEARNS, CHARLES F
Address: 102 EAST 7TH AVE.
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: WHITE, KEVIN
Address: 315 E KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602

Title: T () Delete
Name: JACKSON, MYRON
Address: 315 E KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: MYRON JACKSON

RA

05/01/2008

Electronic Signature of Signing Officer or Director

Date