

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90013 039 \*\*\*\*61.25

**DOCUMENT # N00000007005**

1. Entity Name  
**HILLSBOROUGH COUNTY S.A.L.T. COUNCIL, INC.**



Principal Place of Business  
**PO BOX 868  
MANGO, FL 33550-0868 US**

Mailing Address  
**PO BOX 868  
MANGO, FL 33550-0868 US**

**54008363**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3693544**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**HOWARD, CHARLOTTE  
PO BOX 868  
1907 SHANNONWOOD COURT  
BRANDON, FL 33510**

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

*Charlotte B Howard*

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KIMBALL, KERRY  
5911 BRECKENRIDGE PKWY S.  
TAMPA, FL 33610**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WILLIAM, M.J.  
1001 W. NORTH B ST.  
TAMPA, FL 33606**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
VEITCH, GEORGIA  
2224 N FALKENBURG RD N  
TAMPA, FL 33619**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOWARD, CHARLOTTE  
1907 SHANNONWOOD COURT  
BRANDON, FL 33510**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JASIELONIS, KURT E  
3910 SOUTH MANHATTAN AVE.  
TAMPA, FL 33611**

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

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WALTERS, MARY ANN  
918 ALPINE DR  
BRANDON, FL 33510**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Fiorella Covais  
One Police Center  
411 N. Franklin St.  
Tampa FL 33602**

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:

*Kerry A. Kimball*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/2004 813-740-3888**

Date Daytime Phone # **ext 225**