2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000007005

FILED Feb 16, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

PO BOX 868

MANGO, FL 335500868 US

Current Mailing Address: New Mailing Address:

PO BOX 868

Name:

MANGO, FL 335500868 US

FEI Number: 59-3693544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KIRBY, DAVID MAIOLO, TOM TREASUR 800 E. TWIGGS ST. 4914 W. KNOX STREET **ROOM 481** TAMPA, FL 33634 TAMPA, FL 33502 US

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: TOM MAIOLO 02/16/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MRS. (X) Change () Addition () Delete JOHNSTON, DEBRA HOWARD, CHARLOTTE B PRESIDE Name: Name: 5802-A EAST FOWLER AVE., SUITE 299 Address: 1907 SHANNONWOOD CT Address:

City-St-Zip: TAMPA, FL 33617 City-St-Zip: BRANDON, FL 33510

Title: MRS. () Delete Title: MR. (X) Change () Addition

GANT, DARLENE Name: GIANI, JOE V.P. Address: 6914 E. FOWLER AVE., SUITE G Address: 8606 BOULDER CT City-St-Zip: TAMPA, FL 33617 City-St-Zip: TAMPA, FL 33635

Title: MS. () Delete Title: () Change () Addition

BELO, PAM Name: Name: 2224 N FALKENBURG RD Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip:

Title: MR. (X) Delete Title: () Change () Addition

Name: KIRBY, DAVID Name: 800 E. TWIGGS ST., RM 481 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip:

Title: () Delete Title: MS. (X) Change () Addition JASIELONIS, KURT E FIORELLA, COVAIS SECRETA Name: Name: 3910 SOUTH MANHATTAN AVE. 3910 SOUTH MANHATTAN AVE. Address: Address:

City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611

Title: () Delete Title: (X) Change () Addition SULLIVAN, MARTY SULLIVAN, MARTY HISTORI Name: Name: Address: 234 TAHOE CIRCLE Address: 234 TAHOE CIRCLE VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM MAIOLO SEC. 02/16/2006

Electronic Signature of Signing Officer or Director

Date