

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90003 038 \*\*\*\*61.25

<b>DOCUMENT # N00000007005</b>					
<b>1. Entity Name</b> HILLSBOROUGH COUNTY S.A.L.T. COUNCIL, INC.					
<b>Principal Place of Business</b> 868 BOX PO MANGO, FL 33550-0868 US			<b>Mailing Address</b> PO BOX 868 MANGO, FL 33550-0868 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3693544	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<del>MAIOLO, TOM TREASUR</del> <del>4014 W. KNOX STREET</del> <del>TAMPA, FL 33634</del>			Name <u>MR. ROBERT L. BAUMGARNER</u> Street Address (P.O. Box Number is Not Acceptable) <u>TREASURER</u> <u>7516 ROBINDALE RD</u> City <u>TAMPA</u> <u>FL</u> Zip Code <u>33619</u>		
<b>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.</b>					
SIGNATURE <u>Robert L. Baumgarner</u> / <u>ROBERT L. BAUMGARNER, TREASURER</u> <u>03-27-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRS. HOWARD, CHARLOTTE B PRESIDE 1907 SHANNONWOOD CT BRANDON, FL 33510	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR. SULLIVAN, MARTY V.P. 234 TAHOE CIRCLE VALRICO, FL 33594	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MS. BELO, PAM 2224 N FALKENBURG RD TAMPA, FL 33619	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MS. ERIC, JOHNSON SECRETA 13176 N. DALE MABRY HWY #139 TAMPA, FL 33618	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
SIGNATURE: <u>Robert L. Baumgarner</u> / <u>ROBERT L. BAUMGARNER, TREASURER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>03-27-08</u> Daytime Phone # <u>813-949-1888</u>					