## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000007005

FILED Mar 04, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 868 BOX PO MANGO, FL 335500868 US **Current Mailing Address: New Mailing Address:** PO BOX 868 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: BAUMGARNER, ROBERT L WEIGL, JANE M 7516 ROBINDALE RD 11923 CYPRESS HILL CIRCLE TAMPA, FL 33619 TAMPA, FL 33626 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: JANE WEIGL 03/04/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: MRS. () Change () Addition () Delete HOWARD, CHARLOTTE B PRESIDE Name: Name: 1907 SHANNONWOOD CT Address: Address: City-St-Zip: BRANDON, FL 33510 City-St-Zip: Title: MR. () Delete Title: () Change () Addition SULLIVAN, MARTY V.P. Name: Name: Address: 234 TAHOE CIRCLE Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: MS. () Delete Title: (X) Change ( ) Addition BELO, PAM Name: MARKART, CELENA Name: 2224 N FALKENBURG RD Address: Address: PO BOX 3371 City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33601 Title: MS. ( ) Delete Title: MR. (X) Change ( ) Addition Name: ERIC, JOHNSON SECRETA Name: JOHNSON, ERIC SECRETA Address: 13176 N. DALE MABRY HWY #139 Address: 13176 N. DALE MABRY HWY #139 City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: ( ) Change (X) Addition WEIGL, JANE M TREASUR Name: Name: 11923 CYPRESS HILL CIRCLE Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33626

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: JANE WEIGL MS 03/04/2009