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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00014** (3)

1. Corporation Name

TAMPA/HILLSBOROUGH URBAN LEAGUE, INC.

Principal Place of Business

Mailing Address

**1405 TAMPA PARK PLAZA
TAMPA FL 33605**

**1405 TAMPA PARK PLAZA
TAMPA FL 33605-4821**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1983		3a. Date of Last Report 04/20/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0657333		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WRIGHT-DOUGLAS KAYDELL
110 N ARMEN ,
THE WRIGHT BLDG
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name	THOMAS HUGGINS, III		
82 Street Address (P.O. Box Number is Not Acceptable)	4601 W. KENNEDY BLVD.		
83	ARIEL BUSINESS GROUP, INC.		
84 City	TAMPA	85 Zip Code	FL 33609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:  **THOMAS HUGGINS, III** 4/15/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT-DOUGLAS, KAYDELL	1.2 NAME	THOMAS HUGGINS, III
STREET ADDRESS	110 N ARMENIA	1.3 STREET ADDRESS	4601 W. KENNEDY BLVD
CITY - ST - ZIP	TAMPA FL 33607	1.4 CITY - ST - ZIP	TAMPA, FL. 33609
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	1ST VICE CHAIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGBERT, RICHARD	2.2 NAME	BOBBY BOWDEN
STREET ADDRESS	7650 W. COURTNEY CAMPBELL CAUSEWAY	2.3 STREET ADDRESS	306 E. JACKSON ST.
CITY - ST - ZIP	TAMPA FL 33607	2.4 CITY - ST - ZIP	TAMPA, FL. 33601
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	3RD VICE CHAIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGGINS, THOMAS	3.2 NAME	DON MULLIGAN
STREET ADDRESS	4601 W. KENNEDY BLD. STE. 200	3.3 STREET ADDRESS	702 N. FRANKLIN ST. TAMPA, FL 33602
CITY - ST - ZIP	TAMPA FL 33609	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAGLER, EARL	4.2 NAME	
STREET ADDRESS	1933 E. HILLSBOROUGH AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33610	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRES, ALMA DR.	5.2 NAME	
STREET ADDRESS	P.O. BOX 30030 14014 E. Columbus Dr.	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33619-7856	5.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILHITE, SARAH	6.2 NAME	
STREET ADDRESS	3812 GUNN HWY.	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33624	6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **THOMAS HUGGINS, III** 4/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047197

CR2E037 (9/96)