


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N00014					
1. Corporation Name TAMPA-HILLSBOROUGH URBAN LEAGUE, INC					
Principal Place of Business 1405 TAMPA PARK PLAZA TAMPA, FLORIDA 33605			Mailing Address 1405 TAMPA PARK PLAZA TAMPA, FLORIDA 33605		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 11/23/83 4. FEI Number 59-0657333	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent HUGGINS, THOMAS I ARIEL BUSINESS GROUP 4601 W. KENNEDY BLVD. TAMPA, FLORIDA 33609			10. Name and Address of New Registered Agent 81 Name JOANNA N. TOKLEY, CEO 82 Street Address (P.O. Box Number is Not Acceptable) 1405 TAMPA PARK PLAZA 83 84 City TAMPA FL 85 Zip Code 33605		
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 <i>Joanna N. Tokley</i> (NOTE: Registered Agent signature required when re-instating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input checked="" type="checkbox"/> CD <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	CD HUGGINS, THOMAS I 4601 W. KENNEDY BLVD. TAMPA, FLORIDA		11 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	P TOKLEY, JOANNA N. 2118 Carmen Street Tampa, Florida 33606	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	VD EGBERT, RICHARD 7650 COURTNEY CAMPBELL, TAMPA, FL		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	VC BOWDEN, BOBBY 306 E. JACKSON STREET TAMPA, FLORIDA		31 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	VC ALANDER, ROSS 1406 S. NANCE AVE TAMPA, FLORIDA	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	TD KAGLER, EARL 1933 E. HILLSBOROUGH AVENUE TAMPA, FLORIDA		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	SD HIRES, ALMA DR 14014 E. COLUMBUS DR TAMPA, FLORIDA		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	000002581880 -07/07/98--01035--019 ***70.00	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	TD WILHITE, SARAH 3812 GUNN HWY TAMPA, FLORIDA		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	5/15/98 (813)229-8117	
14. 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 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: <i>Joanna N. Tokley</i>					

CR2E037 (10/97)