

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90040 047 \*\*\*\*61.25

**DOCUMENT # N01000008092**

1. Entity Name

**HOWARD W. BLAKE-DON THOMPSON ALUMNI AND  
FRIENDS, INCORPORATION**



Principal Place of Business

**1701 NORTH BLVD  
TAMPA FL 33607**

Mailing Address

**P. O. BOX 311182  
TAMPA FL 33680**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

**59-3665033**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUPREE, HENRY L  
4211 EAST PARIS  
TAMPA FL 33610**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME GRANT, PAULINE L  
STREET ADDRESS P. O. BOX 181  
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE ☒ Change ☐ Addition  
NAME Chairperson  
STREET ADDRESS Upshaw, Carnell  
CITY-ST-ZIP 8315 Croton Ave.  
Tampa, FL 33619

TITLE ☒ Delete  
NAME UPSHAW, CARNELL  
STREET ADDRESS 8315 CROTON AVE.  
CITY-ST-ZIP TAMPA FL 33619

TITLE ☒ Change ☐ Addition  
NAME Vice Chairperson Elect  
STREET ADDRESS Dawson, Flora C.  
CITY-ST-ZIP 2223 E. Cayuga Ave.  
Tampa, FL 33610

TITLE ☒ Delete  
NAME DAWSON, FLORA C  
STREET ADDRESS 2223 EAST CAYUGA AVE  
CITY-ST-ZIP TAMPA FL 33610

TITLE ☒ Change ☐ Addition  
NAME Rec. Secretary  
STREET ADDRESS Grant, Pauline L.  
CITY-ST-ZIP P.O. Box 181  
Thonotosassa, FL 33592

TITLE ☐ Delete  
NAME MORRIS, HARRY T  
STREET ADDRESS 4917 NORTH 38TH ST  
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME RANDOLPH, EDITH  
STREET ADDRESS 1916 ST. CONRAD  
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME GRIFFIN, ERMA B  
STREET ADDRESS 3915 EAST IDLEWILD AVE  
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**SIGNATURE:** *Pauline L. Grant* Pauline L. Grant, Secretary 04/23/08 813-986-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #