

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01376 (5)

1. Corporation Name

HILLSBOROUGH COUNTY COMMUNITY HOUSING RESOURCE BOARD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 186
TAMPA FL 33601-0186
US

P.O. BOX 186
TAMPA FL 33601-0186
US



3. Date Incorporated or Qualified
02/10/1984

3a. Date of Last Report
06/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2546173

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

T.J., THOMPkins
5808 N. FLORIDA AVENUE
TAMPA FL 33604

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME BENTON, DR. EDWIN
STREET ADDRESS UNIVERSITY OF SOUTH FL, SOC 107
CITY-ST-ZIP TAMPA FL

1.1 TITLE Treasurer ☒ Change ☐ Addition
1.2 NAME Benton, Dr. Edwin
1.3 STREET ADDRESS 465 SOC 107
1.4 CITY-ST-ZIP Tampa Florida 33620

TITLE VP ☐ DELETE
NAME GONZALEZ, MARGARITA
STREET ADDRESS 712 W. ROSS AVE
CITY-ST-ZIP TAMPA FL

2.1 TITLE President Gonzalez, Margarita ☒ Change ☐ Addition
2.2 NAME 2115 N. 15th Street, and Floor
2.3 STREET ADDRESS Tampa, FL 33605
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME GARCIA, MATILDA
STREET ADDRESS 700 TWIGGS STREET
CITY-ST-ZIP TAMPA FL

3.1 TITLE Garcia, Matilda ☒ Change ☐ Addition
3.2 NAME 714 S. Lois Street
3.3 STREET ADDRESS Tampa Florida 33609
3.4 CITY-ST-ZIP

TITLE T ☒ DELETE
NAME TOMPKINS, T.J.
STREET ADDRESS 5808 N. FLORIDA AVENUE
CITY-ST-ZIP TAMPA FL 33604

4.1 TITLE Vice-President
4.2 NAME Gail P. Williams
4.3 STREET ADDRESS 601 E. Kennedy Blvd., 17th Floor
4.4 CITY-ST-ZIP Tampa, FL 33602

TITLE S ☒ DELETE
NAME FERM, CECILY
STREET ADDRESS 4509 GEORGE RD
CITY-ST-ZIP TAMPA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

[Signature] Edw. Benton

01/28/97 (813) 978-9513

CR2E037 (9/96)