


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-23-2004 90272 024 ****61.25

DOCUMENT # N03000007189					
1. Entity Name EAST HILLSBOROUGH COMMUNITY DEVELOPMENT CORPORATION					
Principal Place of Business 702 EAST ALSOBROOK ST. PLANT CITY FL 33566			Mailing Address 702 EAST ALSOBROOK ST. PLANT CITY FL 33566		
2. Principal Place of Business SAME AS ABOVE			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PINKSTON, GALE C/O BAY AREA LEGAL SERVICES 701 TILLMAN PLACE, STE. 300 PLANT CITY FL 33566-7169			7. Name and Address of New Registered Agent		
			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 <u>Cher S. Pineda</u> DATE <u>April 19, 2004</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHERRY MITCHELL		NAME		
STREET ADDRESS	PLANT CITY NEIGHBORHOOD Service Ctr.		STREET ADDRESS		
CITY-ST-ZIP	702 East Alsbrook, Plant City FL 33563		CITY-ST-ZIP		
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENISE GIARRUSSO		NAME		
STREET ADDRESS	Hillsborough Community College		STREET ADDRESS		
CITY-ST-ZIP	10414 E. Columbus Dr., Tampa FL 33619		CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALE PINKSTON		NAME		
STREET ADDRESS	BAY AREA LEGAL SERVICES, INC.		STREET ADDRESS		
CITY-ST-ZIP	701 Tillman Place, Suite 300		CITY-ST-ZIP		
TITLE	Plant City, Florida 33566	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cher S. Pineda 4/19/2004 (813) 752-1335

Date

Daytime Phone #

12. 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 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.