

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009130

1. Entity Name

HILLSBOROUGH ADVOCATES FOR IMPROVED
TRANSIT, INC.



Principal Place of Business

4123 HENDERSON BLVD.
TAMPA, FL 33629

Mailing Address

4123 HENDERSON BLVD.
TAMPA, FL 33629

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0321590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLS, GLORIA
4123 HENDERSON BLVD.
TAMPA, FL 33629

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IN THIS SPACE**

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

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000954013
07/10/08-80005-004 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME MILLS, GLORIA
STREET ADDRESS 4123 HENDERSON BLVD.
CITY-ST-ZIP TAMPA, FL 33629

TITLE D
NAME MATHURIN, PIERRE
STREET ADDRESS 3409 W CARACUS
CITY-ST-ZIP TAMPA, FL 33614

TITLE S
NAME BROWN, SHERYL
STREET ADDRESS 1106 W PLATT ST
CITY-ST-ZIP TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *X. Gloria Mills*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/2008

Date

813-281-2123

Daytime Phone #