

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012024

FILED
Apr 07, 2007
Secretary of State

Entity Name: TAKING BACK HILLSBOUGH COUNTY POLITICAL COMMITTEE, INC.

Current Principal Place of Business:

315 PLANT AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

315 PLANT AVE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-4856844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COATES, RICHARD E
200 WEST COLLEGE AVE STE 311B
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

STILES, MARY ANN
315 PLANT AVENUE
TAMPA, FL 33606 US

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.

SIGNATURE: MARY ANN STILES

04/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STILES, MARY A
Address: 315 S PLANT AVE
City-St-Zip: TAMPA, FL 33606

Title: DS () Delete
Name: SMITH, BARRY
Address: 804 GIULANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: LUCENTRE, GLENDA
Address: 315 S PLANT AVE
City-St-Zip: TAMPA, FL 33606

Title: T () Delete
Name: KOEHLER, KEITH
Address: 502 NORTH ARMENIA AVE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STILES, MARY ANN
Address: 315 S PLANT AVE
City-St-Zip: TAMPA, FL 33606

Title: DS (X) Change () Addition
Name: SMITH, BARRY
Address: 804 GUESANDO DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D (X) Change () Addition
Name: LUCONTRO, GLENDA
Address: 317 CALHOUN STREET
City-St-Zip: TALLAHASSEE, FL 32302

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN STILES

PRES

04/07/2007

Electronic Signature of Signing Officer or Director

Date