

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 21, 2008  
Secretary of State

DOCUMENT# N06000002037

**Entity Name:** THE HILLSBOROUGH COUNTY GAY, LESBIAN, BISEXUAL, TRANSGENDER AND ALLIES  
DEMOCRATIC CAUCUS INC.

**Current Principal Place of Business:**

P.O. BOX 26652  
TAMPA, FL 336236652

**New Principal Place of Business:**

7736 JODI LYNN DRIVE  
TAMPA, FL 33615

**Current Mailing Address:**

P.O. BOX 26652  
TAMPA, FL 336236652

**New Mailing Address:**

FEI Number: 20-3297517      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPPIELLO, MARILYN G  
803 PROCLAMATION DR  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PHILLIPS, SALLY L  
Address: 7736 JODI LYNN DRIVE  
City-St-Zip: TAMPA, FL 33615

Title: S ( ) Delete  
Name: STACKHOUSE, PAUL  
Address: 5611 S. SHERWOOD AVE., #7  
City-St-Zip: TAMPA, FL 33611

Title: T ( ) Delete  
Name: CAPPIELLO, MARILYN G  
Address: 803 PROCLAMATION DR  
City-St-Zip: TAMPA, FL 33613

Title: V ( ) Delete  
Name: KEY, KEN  
Address: 5708 N 9TH ST  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: CUTLER, DAVID  
Address: 5708 N 9TH ST  
City-St-Zip: TAMPA, FL 33604

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARILYN G CAPPIELLO

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04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date