

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002037

FILED
Apr 21, 2008
Secretary of State

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