

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002037

FILED  
Mar 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

7736 JODI LYNN DRIVE  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 26652  
TAMPA, FL 33623

**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:**

ALBISTU, ERCILIA M  
7736 JODI LYNN DR.  
TAMPA, FL 33615 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: V  
Name: PATTERSON, RUSSELL  
Address: 6050 RIVER TRACE ROAD  
City-St-Zip: TAMPA, FL 33617

Title: S  
Name: KOS, KARLEEN  
Address: 5604 BANDERA SPRINGS CIRCLE  
City-St-Zip: RIVERVIEW, FL 33578

Title: P  
Name: ALBISTU, ERCILIA M  
Address: 7736 JODI LYNN DR.  
City-St-Zip: TAMPA, FL 33615

Title: T  
Name: JAMES, CATHERINE F  
Address: 11803 ROSSMAYNE DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE F. JAMES

T

03/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date