

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007495

FILED
Mar 07, 2009
Secretary of State

Entity Name: HIGHLAND PINES COMMUNITY TASK FORCE, INC.

Current Principal Place of Business:

3002 STAR ST.
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 75232
TAMPA, FL 33605

New Mailing Address:

FEI Number: 77-0720879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, BETTY J
3002 STAR ST.
TAMPA, FL 33605 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: BELL, BETTY J
Address: 3003 STAR STREET
City-St-Zip: TAMPA, FL 33605

Title: TD () Delete
Name: COCHRAN, RECY
Address: 3006 46TH STREET
City-St-Zip: TAMPA, FL 33605

Title: S () Delete
Name: GREENE, MARY A
Address: 3208 STAR STREET
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: BESS, VIVIAN
Address: 3204 N. 44TH STREET
City-St-Zip: TAMPA, FL 33610

Title: DT () Delete
Name: DORTLY, DAISY
Address: 3005 43RD STREET
City-St-Zip: TAMPA, FL 33605

Title: DT () Delete
Name: WALKER, OWEDIA
Address: 3010 45TH STREET
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BETTY BELL

P

03/07/2009

Electronic Signature of Signing Officer or Director

Date