

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N12090** (9)  
1. Corporation Name  
**HILLSBOROUGH CONSTITUENCY FOR CHILDREN, INC.**



Principal Place of Business: P.O. BOX 272717 TAMPA FL 33688-2717  
Mailing Address: P.O. BOX 272717 TAMPA FL 33688-2717

3. Date Incorporated or Qualified: 11/14/1985  
3a. Date of Last Report: 07/13/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2659511	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH, DIANE M. 2214 E HENRY AVE TAMPA FL 33610		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*  
Signature, typed or printed name of registered agent (if not the same as the corporation's registered agent) (Date: Registered Agent Signature Required) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS BY:	
TITLE	PD	11 TITLE	PD
NAME	BOYD, L ADLAI PHD	12 NAME	Kay Doughty
STREET ADDRESS	13301 BRUCE B DOWNS BLVD	13 STREET ADDRESS	4402 E. Columbus Dr.
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL 33605
TITLE	VD	21 TITLE	VD
NAME	CHAMBERS, KELLY	22 NAME	Leonard M. Speed
STREET ADDRESS	1202 E PALM AVE	23 STREET ADDRESS	110 E. Oak Ave.
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Tampa, FL. 33602-2210
TITLE	TD	31 TITLE	TD
NAME	HOLDEN, PAUL	32 NAME	Ann Dawson
STREET ADDRESS	1202 E PALM AVE	33 STREET ADDRESS	601 E. Kennedy, 13th Floor
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	Tampa, FL 33602
TITLE	SD	41 TITLE	SD
NAME	SMITH, DIANE M	42 NAME	Katie Keene
STREET ADDRESS	2214 E HENRY AVE	43 STREET ADDRESS	857 Seddon Cove Way
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	Tampa, FL 33602-5704
TITLE	VD	51 TITLE	VD
NAME	DOUGHTY, KAY	52 NAME	Brian McEwen
STREET ADDRESS	4402 E COLUMBUS DR	53 STREET ADDRESS	12512 Bruce B. Downs Blvd.
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	Tampa, FL 33612-3899
TITLE	D	61 TITLE	
NAME	BEVIS, COLLEEN	62 NAME	
STREET ADDRESS	6523 BAYSHORE BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)