

PLEASE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NO. **7**
 CORPORATION ANNUAL REPORT

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

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



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

3. Date Incorporated or Qualified **11/14/1985** 3a. Date of Last Report **08/14/1996**

2. Principal Place of Business 2a. Mailing Address
21 P.O. Box 5436 Suite, Apt. #, etc. **26 P.O. Box 5436 Suite, Apt. #, etc.**
22 Tampa FL **27 Tampa FL**
23 Tampa FL
24 33605-5436 **25 Hillsborough** **29 33605-5436** **30 Hillsborough**

4. FEI Number **59-2659511** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SMITH, DIANE M.
2214 E. HENRY AVE
TAMPA FL 33610

10. Name and Address of New Registered Agent
81 Name Kay Doughty
82 Street Address (P.O. Box Number is Not Acceptable) 4422 East Columbus Drive
83
84 City Tampa FL 85 Zip Code 33605

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: *Kay Doughty* DATE: **4/8/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOUGHTY, KAY	
STREET ADDRESS	4402 E. COLUMBUS DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPEED, LEONARD M.	
STREET ADDRESS	110 E. OAK AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAWSON, ANN	
STREET ADDRESS	601 E. KENNEDY, 13TH FLOOR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KEENE, KATIE	
STREET ADDRESS	857 SEDDON COVE WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCEWEN, BRIAN	
STREET ADDRESS	12512 BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEVIS, COLLEEN	
STREET ADDRESS	6523 BAYSHORE BLVD	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	zip. 33605
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	zip 33602
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	zip. 33602
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	zip. 33602-5704
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	zip. 33612-3899
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ann Dawson* **Ann Dawson, Treas. 2/28/97 813-272-5190**

CR2E037 (9/96)