FILED .e now: filing fee is \$61.25 May 06 1997 8:00am FLORIDA DEPARTMENT OF STATE NC Sandra B. Mortham ORT Secretary of State Secretary of State DIVISION OF CORPORATIONS N12090 NT# HILLSBOROUGH CONSTITUENCY FOR CHILDREN, INC. Principal Place of Business Mailing Address P.O. BÖX 272717 P.O. BOX 272717 TAMPA FL 33688-2717 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 4. FEI Number 2a. Mailing Address Applied For 59-2659511 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Tampa 23 28 Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, 33675-5/36 15/15/2010/19/120 Florida Statutes Yes No. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SMOTH, DIANE M. is No Acceptable) 82 22/14 E/HENRY AVE 83 MP/K FL 36610 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of leading with, and accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE: 1 Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE NAME DOUGHTY, KAY 1.2 NAME 4402 E. COLUMBUS DR. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 CITY-S1-ZIP CITY-ST-ZIP ✓ Addition DELETE 2.1 TITLE TITLE SPEED, LEONARD M. NAME 2.2 NAME 110 E. OAK AVENUE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change X Addition TITLE 3.1 TITLE DAWSON, ANN NAME 3.2 NAME 601 E. KENNEDY, 13TH FLOOR STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE NAME KEENE, KATIE 4 2 NAME 857 SEDDON COVE WAY STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Channe Addition MCEWEN, BRIAN NAME 5.2 NAME 12512 BRUCE B. DOWNS BLVD. STREET ADDRESS 5.3 STREET ADDRESS 217-33612-38-99 CITY-ST-ZIP TAMPA FL 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition BEVIS, COLLEEN NAME 6.2 NAME 8523 BAYSHORE BLVD STREET ADDRESS 6.3 STREET ADDRESS

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

ganged, or on an attachment with an address.

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

813-272-5140

TAMPA FL

appears in Block 12 or Block 13,

CITY-ST-ZIP

SIGNATURE