

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

99 APR 22 AM 10:39  
 FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # N12090**

1. Corporation Name  
**HILLSBOROUGH CONSTITUENCY FOR CHILDREN, INC.**

Principal Place of Business Mailing Address  
 P.O. BOX 5436 P.O. BOX 5436  
 TAMPA FL 33675-5436 TAMPA FL 33675-5436  
 US US



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/14/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2659511
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Zip 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>DOUGHTY, KAY 4422 EAST COLOUMBUS DRIVE TAMPA FL 33605</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME DOUGHTY, KAY STREET ADDRESS 4402 E. COLUMBUS DR. CITY-ST-ZIP TAMPA FL	<input type="checkbox"/> DELETE	11 TITLE Doughty, Kay 12 NAME 13 STREET ADDRESS 7402 N. 56th St. Suite 710 14 CITY-ST-ZIP 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME SPEED, LEONARD M. STREET ADDRESS 110 E. OAK AVENUE CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE	21 TITLE VP 22 NAME McEWEN Brian 23 STREET ADDRESS 12515 Bruce B Downs Blvd 24 CITY-ST-ZIP Tampa, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME DAWSON, ANN STREET ADDRESS 601 E. KENNEDY, 13TH FLOOR CITY-ST-ZIP TAMPA FL	<input type="checkbox"/> DELETE	31 TITLE TR 32 NAME Ann Dawson 33 STREET ADDRESS 822 So. Rome 34 CITY-ST-ZIP Tampa FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME KEENE, KATIE STREET ADDRESS 857 SEDDON COVE WAY CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE	41 TITLE 2nd VP 42 NAME VICKI WALKER 43 STREET ADDRESS TAMPA UNITED METHODIST CHURCH 2801 NORTH 17TH STREET 44 CITY-ST-ZIP TAMPA, FL 33605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME MCEWEN, BRIAN STREET ADDRESS 12512 BRUCE B. DOWNS BLVD. CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE	51 TITLE SEC 52 NAME PAT HALL 53 STREET ADDRESS 2910 HARBORVIEW DR. 54 CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 2/25/99 TELEPHONE: 813/254-3326

CR2E037 (1/1/98)