


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13702** (8)  
1. Corporation Name  
**HILLSBOROUGH COUNTY CENTER OF EXCELLENCE, INC.**



Principal Place of Business <b>7406 N. DIXON TAMPA FL 33604 US</b>	Mailing Address <b>P.O BOX 291447 TEMPLE TERRANCE FL 33687 US</b>
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3. Date Incorporated or Qualified  
**03/05/1986**

4. FEI Number <b>59-2648954</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILMORE, RICARDO L  
101 E. KENNEDY BOULEVARD  
SUITE 3200  
TAMPA FL 33602**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD CARLEY, SYLVIA M</b>
STREET ADDRESS	<b>7406 N. DIXON</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D RIGGS, CARL</b>
STREET ADDRESS	<b>USF/CEMSCT-SCA 464</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD HORTON, SAM</b>
STREET ADDRESS	<b>8003 JACKSON SPR. RD.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD PEEPLES, TANNIA</b>
STREET ADDRESS	<b>ONE NORTH DALE MABRY</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D LINDSEY, MARY J</b>
STREET ADDRESS	<b>2100 NORTH BLVD.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D LOWRY, LEON A</b>
STREET ADDRESS	<b>900 DELWARE AVENUE NORTH</b>
CITY - ST - ZIP	<b>TAMPA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D</b>
1.3 STREET ADDRESS	<b>McKittrick, Yvonne</b>
1.4 CITY - ST - ZIP	<b>317 Lake Hobbs Rd Lutz, FL 33549</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D</b>
2.3 STREET ADDRESS	<b>Smith, Jim</b>
2.4 CITY - ST - ZIP	<b>7406 N. Dixon Tampa, FL 33604</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 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:

*Mary Lindsey*

Mary Lindsey, Exe Dir

813-974-4858

CR2E037 (10/97)