


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N15897
1. Entity Name
**TAMPA/HILLSBOROUGH COUNTY HUMAN RIGHTS
COUNCIL, INC.**



Principal Place of Business
**102 E 7TH AVE
TAMPA, FL 33612**

Mailing Address
**P.O. BOX 75012
TAMPA, FL 33675**

DO NOT WRITE IN THIS SPACE



01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3392013

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**DOHERTY, WILLIAM
102 E. 7TH AVE
(UPSTAIRS)
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE: **VD**
NAME: **DOHERTY, WILLIAM**
STREET ADDRESS: **102 E 7TH AVE (UPSATIRS)**
CITY-ST-ZIP: **TAMPA, FL 33602**

TITLE: **PD**
NAME: **ROGO, JEFF**
STREET ADDRESS: **102 E 7TH AVE (UPSATIRS)**
CITY-ST-ZIP: **TAMPA, FL 33602**

TITLE: **SD**
NAME: **GRIFFIN, CATHERINE**
STREET ADDRESS: **102 E 7TH AVE (UPSATIRS)**
CITY-ST-ZIP: **TAMPA, FL 33602**

TITLE: **T**
NAME: **LONDON, JANICE**
STREET ADDRESS: **102 E 7TH AVE (UPSATIRS)**
CITY-ST-ZIP: **TAMPA, FL 33602**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

**DO NOT WRITE
IN THIS SPACE**

U00000204201
01/29/05-80059-016 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Doherty **1/27/05** **(813) 274-5859**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #