FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:56

DOCUMENT # N22429 (7)

1. Corporation Name
HILLSBOROUGH COUNTY ELEMENTARY MATH COUNCIL, INC

Principal Place of Business	Mailing Address
~~C/O DONNA FLOYD~~	W. E. Norden Dr. C/O ~~DONNA FLOYD~~
~~1504 SEATON CT~~	601 Valle Vista 1504 SEATON CT
~~BRANDON FL 33510~~	Brandon FL 33511 BRANDON FL 33510

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1987
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2810327 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 % W.E. Norden	26 % W. E. Norden
22 Suite, Apt. #, etc. 601 Valle Vista Dr.	27 Suite, Apt. #, etc. 601 Valle Vista Dr.
23 City & State Brandon FL	28 City & State Brandon FL
24 Zip 33511 25 Country Hillsborough	29 Zip 33511 30 Country Hillsborough

9. Name and Address of Current Registered Agent

MURPHY, JANE
11109 CLAYRIDGE DR
TAMPA FL 33635

10. Name and Address of New Registered Agent

81 Name: Keller, Jack
82 Street Address (P.O. Box Number is Not Acceptable): 6210 Eaglebrook Ave.
83
84 City: Tampa FL 85 Zip Code: 33635

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Jack Keller 2/23/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	MURPHY, JANE	1.2 NAME	Keller, Jack	
STREET ADDRESS	11109 CLAYRIDGE DR	1.3 STREET ADDRESS	6210 Eaglebrook Ave	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa FL 33625	
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	KELLER, JACK	2.2 NAME	Dianna Smith.	
STREET ADDRESS	6210 EAGLEBROOK AVE	2.3 STREET ADDRESS	16128 Hutchinson Rd	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa FL 33625	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	OTERO, DONNA	3.2 NAME		
STREET ADDRESS	11312 CARROLLWOOD W PL	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	FLOYD, DONNA	4.2 NAME	W.E. Norden	
STREET ADDRESS	1504 SEATON CT.	4.3 STREET ADDRESS	601 Valle Vista Dr.	
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	Brandon FL 33511	
TITLE	D	5.1 TITLE	D	☑ Change ☐ Addition
NAME	LOCICERO, ROSALIE	5.2 NAME	Diana F. Kahler	
STREET ADDRESS	8334 W FOREST CIRCLE	5.3 STREET ADDRESS	5104 Mall Acres Dr.	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Plant City, FL 33567	
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	LEECE, JOSEPHINE A.	6.2 NAME	Felicia Williams	
STREET ADDRESS	8321 W. FOREST CIRCLE	6.3 STREET ADDRESS	3522 Nundy Rd	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Tampa FL 33618	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: W.E. Norden W E Norden 2/23/95 813-685-3130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)