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Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22429 (7)

1. Corporation Name

HILLSBOROUGH COUNTY ELEMENTARY MATH COUNCIL, INC

Principal Place of Business

Mailing Address

C/O W.E. NORDEN
601 VALLE VISTA DR
BRANDON FL 33511
USC/O W.E. NORDEN
601 VALLE VISTA DR
BRANDON FL 33511-7829
US3. Date Incorporated or Qualified
09/10/19873a. Date of Last Report
03/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, DIANNE
18904 FILLY LANE
ODESSA FL 33556

81 Name Dorothy D. Trapnell

82 Street Address (P.O. Box Number is Not Acceptable)
911 E. Sparkman Rd.

83

84 City Plant City

FL

85 Zip Code 33566

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

Dorothy D. Trapnell

Dorothy D. Trapnell

1/8/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KELLER, JACK
STREET ADDRESS 6210 EAGLEWOOD AVENUE
CITY-ST-ZIP TAMPA FL1.1 TITLE PD
1.2 NAME Dorothy D. Trapnell
1.3 STREET ADDRESS 911 E. Sparkman Rd.
1.4 CITY-ST-ZIP Plant City FL 33566TITLE PD
NAME SMITH, DIANNA
STREET ADDRESS 18904 FILLY LN
CITY-ST-ZIP ODESSA FL 335562.1 TITLE PD
2.2 NAME Susan Avery
2.3 STREET ADDRESS 3030 Tarpon Woods Blvd
2.4 CITY-ST-ZIP Palm Harbor, FL 34685TITLE VD
NAME TRAPNELL, DOTTIE
STREET ADDRESS 911 E. SPARKMAN RD.
CITY-ST-ZIP PLANT CITY FL 335663.1 TITLE D
3.2 NAME Jack Keller
3.3 STREET ADDRESS 6210 Eaglewood Ave
3.4 CITY-ST-ZIP Tampa FLTITLE TD
NAME NORDEN, W.E.
STREET ADDRESS 601 VALLE VISTA DR
CITY-ST-ZIP BRANDON FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME TREMPER, MARY
STREET ADDRESS 109 W. NORTH ST.
CITY-ST-ZIP TAMPA FL 336045.1 TITLE SD
5.2 NAME Mary Tremper
5.3 STREET ADDRESS 109 W North St
5.4 CITY-ST-ZIP Tampa FLTITLE D
NAME WILLIAMS, FELICIA
STREET ADDRESS 3322 NUNDY RD
CITY-ST-ZIP TAMPA FL6.1 TITLE D
6.2 NAME Al Soriano
6.3 STREET ADDRESS 1722 Mill Run Circle
6.4 CITY-ST-ZIP Tampa FL 33613

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 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 1/9/97

(813)

685-3130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045428

CR2E037 (9/96)