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02-23-1999 90060 029 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22429

1. Corporation Name

HILLSBOROUGH COUNTY ELEMENTARY MATH COUNCIL, INC

Principal Place of Business

C/O W.E. NORDEN
 601 VALLE VISTA DR
 BRANDON FL 33511
 US

Mailing Address

C/O W.E. NORDEN
 601 VALLE VISTA DR
 BRANDON FL 33511
 US

101971-90060-29



2. Principal Place of Business 21 <u>601 Valle Vista Dr.</u> Suite, Apt. #, etc. 22 <u>Brandon FL</u> City & State 23 <u>33511-7829</u> <u>USA</u> Zip Country 24 <u>25</u>	2a. Mailing Address 26 <u>(see above)</u> Suite, Apt. #, etc. 27 <u>(see above)</u> City & State 28 <u>33511-7829</u> <u>US</u> Zip Country 29 <u>30</u>	3. Date Incorporated or Qualified <u>09/10/1987</u> 4. FEI Number <u>59-2810327</u> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

SUSAN AVERY
3030 TARPON WOODS BLVD
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name <u>Betty J. Baldwin</u>	82 Street Address (P.O. Box Number is Not Acceptable) <u>7521 Heather St.</u>	83 <u>New Port Richey</u>	84 City <u>FL</u>	85 Zip Code <u>34653</u>
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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 Betty J. Baldwin Betty J. Baldwin Jan 14, 1999
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD</u> <u>BETTY BALDWIN</u> <u>6332 TRALEE AVE</u> <u>NEW PORT RICHEY FL 34653</u>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<u>PD</u> <u>Betty J. Baldwin</u> <u>7521 Heather St.</u> <u>New Port Richey, FL 34653</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD</u> <u>SUSAN AVERY</u> <u>3030 TARPON WOODS BLVD.</u> <u>PALM HARBOR FL 34685</u>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<u>VD</u> <u>Judith A. Fell</u> <u>3744 Cypress Meadows Rd</u> <u>Tampa, FL 33624</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>JACK KELLER</u> <u>6210 EAGLEWOOD AVE.</u> <u>TAMPA FL</u>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<u>Tampa FL 33625</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD</u> <u>NORDEN, W.E.</u> <u>only Name change (marriage)</u> <u>601 VALLE VISTA DR</u> <u>BRANDON FL</u>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<u>TD</u> <u>Lowry, W.N.</u> <u>601 Valle Vista Dr.</u> <u>Brandon FL 33511-7829</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD</u> <u>BARBARA KNOX</u> <u>5208 W POWNING</u> <u>DOVER FL 33527</u>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<u>SD</u> <u>Mary Garced</u> <u>10602 Out Island Dr.</u> <u>Tampa FL 33615</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>AL SORIANO</u> <u>1722 MILL RUN CIR.</u> <u>TAMPA FL</u>	6.1 TITLE 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, with all other like empowered.

SIGNATURE: Katherine Harris Jan 14, 1999 (813) 685-3130
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)