SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03, 1999 8:00 am
Secretary of State
08-03-1999 90006 001 ****70.00

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DOCUMENT # N23326

1. Corporation Name

~~TAMPA BAY ALLIANCE FOR THE MENTALLY ILL, INC.~~

NAME Hillsborough, Inc.

Principal Place of Business	Mailing Address
11405 ORILLA DEL RIO PLACE TEMPLE TERRACE FL 33617 US	11405 ORILLA DEL RIO PLACE TEMPLE TERRACE FL 33617 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/04/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2865768 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

THOMAS, GEORGE
11405 ORILLA DEL RIO PLACE
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, GEORGE		1.2 NAME		
STREET ADDRESS	11405 ORILLA DEL RIO PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROLDAN, FRANCISCA		2.2 NAME		
STREET ADDRESS	~~24101 TURTLE ROCK RD~~		2.3 STREET ADDRESS	1916 LIVINGSTON AVE	
CITY-ST-ZIP	~~LUTZ FL~~		2.4 CITY-ST-ZIP	LUTZ FL 33549	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DUCHNOWSKI, AL		3.2 NAME		
STREET ADDRESS	~~5175 CORVETTE DR~~		3.3 STREET ADDRESS	6649 MANNA HILLS COURT #102	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROLDAN, MARIA		4. 2 NAME		
STREET ADDRESS	1557 TWIN PALMS LOOP		4.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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: SIGNATURE REQUIRED GEORGE THOMAS 7/27/99 813-974-1934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #