

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N28608 (0)
1. Corporation Name
**HISTORIC TAMPA/HILLSBOROUGH COUNTY PRESERVATION
FOUNDATION, INC.**



Principal Place of Business 2009 N. 18TH STREET TAMPA FL 33605	Mailing Address 2009 N. 18TH STREET TAMPA FL 33605-3841
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1988		3a. Date of Last Report 03/06/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2934192		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SMITH, H. VANCE 5018 THE RIVIERA TAMPA FL 33609				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 _____
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	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BENDER, SHELBY			1.2 NAME	Kruse, Frances P.		
STREET ADDRESS	1104 WEST CHERRY STREET			1.3 STREET ADDRESS	16601 Hutchinson Road		
CITY-ST-ZIP	PLANT CITY FL			1.4 CITY-ST-ZIP	Odessa, FL 33556		
TITLE	CD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DUNN, HAMPTON			2.2 NAME	Salaga, Vivian		
STREET ADDRESS	10610 CARROLLWOOD DRIVE			2.3 STREET ADDRESS	5452 W. Crenshaw Street		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	Tampa, FL 33634		
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, SYLVIA V			3.2 NAME	Alvarez, Mary C.		
STREET ADDRESS	5018 THE RIVIERA			3.3 STREET ADDRESS	4603 Wishart Boulevard		
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP	Tampa, FL 33603		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PLYLER, HARRIET			4.2 NAME	Gonzmart, Adela		
STREET ADDRESS	800 SOUTH WILLOW AVE.			4.3 STREET ADDRESS	90 Ladoga Avenue		
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP	Tampa, FL 33606		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAKER, ANDREW			5.2 NAME	Venable, Glenda		
STREET ADDRESS	911 E. MCBERRY AVENUE			5.3 STREET ADDRESS	607 Herchel Drive		
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP	Temple Terrace, FL 33617		
TITLE	SD	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JENNEWAIN, JOAN			6.2 NAME	Wharton, Barry		
STREET ADDRESS	1320 EAST 8TH AVENUE, #7			6.3 STREET ADDRESS	5100 W. Kennedy Blvd., Ste 300		
CITY-ST-ZIP	TAMPA FL			6.4 CITY-ST-ZIP	Tampa, FL 33609		

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.

Mary C. Alvarez, Treasurer

CR2E037 (9/96)