


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90119 034 ****70.00

DOCUMENT # N28714 1. Entity Name HILLSBOROUGH RIVER STATE PARK PRESERVATION SOCIETY, INC.					
Principal Place of Business 15402 US HIGHWAY 301 NORTH THONOTOSASSA, FL 33592			Mailing Address 23120 DOVER DR LAND O' LAKES, FL 34639		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 41013 Lynbrook DR Suite, Apt. #, etc.		
City & State Zip			City & State Zephyrhills, FL Zip 33540		
Country			Country		
4. FEI Number 59-2920505			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VAN BIARCOM, RALPH 23120 DOVER DRIVE LAND O' LAKES, FL 34639			7. Name and Address of New Registered Agent Name Phillip Hepworth Street Address (P.O. Box Number is Not Acceptable) 41013 Lynbrook DR. City Zephyrhills FL Zip Code 33540		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Phillip Hepworth, Treas. Phillip E Hepworth</u> 6/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IP VAN BIARCOM, RALPH 23120 DOVER DR LAND O' LAKES, FL 34639	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Steve Saunders 305 Suzette Dr. Brandon, FL 33511-6026	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DODGE, RITA 37907 GINGER AVE ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Phillip Hepworth 41013 Lynbrook Dr Zephyrhills, FL 33540	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN BIARCOM, RALPH 23120 DOVER DRIVE LAND O' LAKES, FL 34639	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Sarah Woods-Hepworth 41013 Lynbrook DR. Zephyrhills, FL 33540	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEHLE, GEORGE 1319 BOGIE DRIVE TAMPA, FL 33612	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Sarah Woods-Hepworth</u> Sarah Woods-Hepworth 6/30/05 (88) 283-9193 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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