2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29796

FILED Jul 05, 2006 Secretary of State

Entity Name: HILLSBOROUGH ORGANIZATION FOR PROGRESS AND EQUALITY, INC.

Current Principal Place of Business:		New Principal Place of Business:	
B131 N. BO STE B FAMPA, F	DULEVARD L 33603 US		
Current Mailing Address:		New Mailing Address:	
В131 N. ВО ВТЕ В ГАМРА, F	DULEVARD L 33603 US		
n accordan	: 59-2914463 FEI Number Applied For () FEI ce with s. 607.193(2)(b), F.S., the corporation did not rece I Address of Current Registered Agent:		
.EE, WILL 8021 N. 48 FAMPA, F	BTH ST. APT.		
	named entity submits this statement for the purpore of Florida.	se of changing	its registered office or registered agent, or both,
SIGNATUR			
	Electronic Signature of Registered Agent		Date
FFICER	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS
itle: ame: ddress: ity-St-Zip:	VP () Delete KEMP, HILRIE JR 8005 ASH AVE TAMPA, FL 33619	Title: Name: Address: City-St-Zip:	() Change () Addition
			/ \ - / \ \ • • • • • • • • • • • • • • • • •
itle: lame: .ddress: city-St-Zip:	VP () Delete JOHNSON, JOE 4405 PORPOISE DR TAMPA, FL 33617	Title: Name: Address: City-St-Zip:	()Change ()Addition
ame: ddress: ity-St-Zip: itle: ame: ddress:	JOHNSON, JOÉ 4405 PORPOISE DR	Name: Address:	() Change () Addition FSD (X) Change () Addition UNDERBAKKE, MEL 527 LANTERN CIRCLE TAMPA, FL 33617
lame: .ddress:	JOHNSON, JOÉ 4405 PORPOISE DR TAMPA, FL 33617 FSD () Delete BOLDEN, GEORGE 3608 N. 26TH ST.	Name: Address: City-St-Zip: Title: Name: Address:	FSD (X) Change () Addition UNDERBAKKE, MEL 527 LANTERN CIRCLE
ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	JOHNSON, JOE 4405 PORPOISE DR TAMPA, FL 33617 FSD () Delete BOLDEN, GEORGE 3608 N. 26TH ST. TAMPA, FL 33605 CSD () Delete BRANNON, FRANCENE 4306 N 39TH ST	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	FSD (X) Change () Addition UNDERBAKKE, MEL 527 LANTERN CIRCLE TAMPA, FL 33617 CSD (X) Change () Addition CHAPPELL, LINDA 10914 N. 22ND STREET

Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

MS.

SIGNATURE: SHARON STREATER