

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36635 (3)
1. Corporation Name
HIGHLAND PINES COMMUNITY TASK FORCE, INC.



Principal Place of Business
**P.O. BOX 79126
TAMPA FL 33619-0126**

Mailing Address
**P.O. BOX 79126
TAMPA FL 33619-0126**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
02/09/1990

3a. Date of Last Report
03/02/1995

4. FEI Number
59-2967450

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**WALKER, OWEDIA
3010 N 45TH STREET
TAMPA FL 33605**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> DELETE
NAME	BELL, BETTY	
STREET ADDRESS	3003 N STAR ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	DM	<input checked="" type="checkbox"/> DELETE
NAME	BELL, HENRY	
STREET ADDRESS	3010 N 45TH ST 3003 N STAR ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, BESSIE	
STREET ADDRESS	3406 CARLOCA ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, ALBERT	
STREET ADDRESS	3010 N 45TH STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARTINEZ, EDITH	
STREET ADDRESS	3008 DODGE ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	PMD	<input type="checkbox"/> DELETE
NAME	ERSHERY, ARCHIE	
STREET ADDRESS	3010 N 45TH STREET	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1996

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	Cochran, Racy	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	3006 N. 46th St	
23 STREET ADDRESS	Tp. FL 33605	
24 CITY-ST-ZIP		
31 TITLE	D Bell, Henry	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	3003 N. Star St.	
33 STREET ADDRESS	Tp. FL 33605	
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Betty J. Bell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96 (813)621-5761
DATE DAYTIME PHONE

CR2E037 (12/96)