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Apr 04 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 # 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



3. Date Incorporated or Qualified
02/09/1990

3a. Date of Last Report
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number
59-2967450

Applied For
Not Applicable

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

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

TITLE MD ☐ DELETE
NAME BELL, BETTY
STREET ADDRESS 3003 N STAR ST
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME BELL, HENRY
STREET ADDRESS 3003 N. STAR ST.
CITY-ST-ZIP TAMPA FL 33605

TITLE D ☐ DELETE
NAME COCHRAN, RECY
STREET ADDRESS 3006 N 46TH ST.
CITY-ST-ZIP TAMPA FL 33605

TITLE D ☐ DELETE
NAME WALKER, ALBERT
STREET ADDRESS 3010 N 45TH STREET
CITY-ST-ZIP TAMPA FL

TITLE VP ☒ DELETE
NAME MARTINEZ, EDITH
STREET ADDRESS 3008 DODGE ST
CITY-ST-ZIP TAMPA FL

TITLE PMD ☐ DELETE
NAME ERSHERY, ARCHIE
STREET ADDRESS 3010 N 45TH SRTEET
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Jerald John
5.3 STREET ADDRESS 3004 Dodge St.
5.4 CITY-ST-ZIP Tp FL 33605

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: Betty Bell REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 1997

Daytime Phone # 0048506

CR2E037 (9/96)