FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N36635

HIGHLAND PINES COMMUNITY TASK FORCE, INC.

Country

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

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

Mailing Address

P.O. BOX 79126

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

TAMPA FL 33619-0126

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90040 033 ****61.25

499771⁹ - 90040 - 33

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

6232270

Not Applicable



 \Box

3. Date incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

02/09/1990

59-2967450

4. FEI Number

24	25	29	30				Trust Fund Contribution		Added 1	o Fees
	9. Name and Address of Curre	ent Registered Agent	t				10. Name and Address of New Re	gistered A	Agent	
				81	Name					
JERALDS,	JOHN			82	Street A	Address	s (P.O. Box Number is Not Acceptable	e)		
3004 DOD					30000	, 4441636	T. I.S. DON HAMINGS TO HOLINGOOPER	~,	_	
TAMPA FL				83	-					
IAMPA FL	- 33003								(1 (<u> </u>
	* · ·			84	City			FL	85 Zip (Code
11 Burniant	to the provisions of Sections 617.0	502 and 617 1508 Flo	rida Statutes ti	he abovi	e-named o	cornora	ation submits this statement for the pu	mose of	changing its	registered
office or r	registered agent, or both, in the Statem familiar with, and accept the oblig	te of Florida. Such cha	inge was autho	rized by	the corpo	oration's	s board of directors. I hereby accept	the appoir	ntment as re	gistered
SIGNATURE								DATE		
42	Signature, typed or printed name of registered a		(NOTE: Regi	13.	t signature re	required wi	nen reinstating) ADDITIONS/CHANGES TO OFFIC		D DIRECTO	RS IN 12
12.		AND DIRECTORS	DELETE			Τ			Change	Addition
TITLE	MD DELL BETTY	Ц	DCCE1E	1.1 TITLE	ļ	ļ				
NAME	BELL, BETTY		8	1.2 NAME		1				
STREET ADDRESS	3003 N STAR ST				[ADDRESS					
CITY-ST-ZIP	TAMPA FL		DELETE	1.4 CITY-S	T-ZIP	 -			Change	Addition
TITLE	S	L	DELETE	2.1 TITLE	ł	ł			L_3 Change	Addition
NAME	SEAY, NADINE		ŀ	2.2 NAME		ļ				
STREET ADDRESS	3008 N 46TH ST			2.3 STREE	ADDRESS					
CITY-ST-ZIP	TAMPA FL 33605			2. 4 CITY-S	T-ZIP	<u> </u>				
TITLE	· D ·		DELETE -	3.1 TITLE	-	ļ			Change	Addition
NAME	COCHRAN, RECY			3.2 NAME	1	1				
STREET ADDRESS	3006 N 46TH ST.		f	3.3 STREET	TADDRESS					
CITY-ST-ZIP	TAMPA FL 33605			3.4. CITY- S	T-ZIP					
TITLE	D		DELETE	4.1 TITLE]			Change	Addition
NAME	JAMES, VERSEY		i	4. 2 NAME	ļ	ļ				
STREET ADDRESS	AAAA M AAAA AT			4.3 STREE	TADDRESS					
CITY-ST-ZIP	TAMPA FL 33605		ł	4,4 CITY-S	T- <i>ZSP</i>	1				
TITLE	PMD		DELETÉ	5.1 TITLE					Change	☐ Addition
NAME	JERALD, JOHN			5.2 NAME	1	1				
STREET ADDRESS	AND DODGE OF		I	5.3 STREET	TADDRESS	}				
CITY-ST-ZIP	TAMPA FL			5.4 CITY-S	T-ZIP					
TITLE	VP		DELETE	6.1 TITLE		 			Change	Addition
NAME	ERSHERY, ARCHIE		ľ	6.2 NAME	ļ	{				
STREET ADDRESS			I	6.3 STREE	TADORESS					
	TAMPA FL 33605		1	6.4 CITY-S						
14. I hereby o	certify that the information supplied	with this filing does no	t qualify for the			d in Sec	tion 119.07(3)(i), Florida Statutes, I fo	urther cert	ify that the i	nformation
indicated officer or	on this annual report or supplemen	tal annual report is tru ceiver or trustee empo	e and accurate	and tha ite this r	t my signa eport as r	nature sh required	hall have the same legal effect as if n d by Chapter 617, Florida Statutes; a	rade unde	er oath: that i	iamian

Country