

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90025 039 ****61.25

DOCUMENT # N36635

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2967450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELL, BETTY J
3003 N. STAR ST.
TAMPA FL 33605

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> Delete
NAME	BELL, BETTY	
STREET ADDRESS	3003 N STAR ST	
CITY - ST - ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEAY, NADINE	
STREET ADDRESS	3008 N 46TH ST	
CITY - ST - ZIP	TAMPA FL 33605	
TITLE	T	<input type="checkbox"/> Delete
NAME	COCHRAN, RECY	
STREET ADDRESS	3006 N 46TH ST	
CITY - ST - ZIP	TAMPA FL 33605	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, GALETHA	
STREET ADDRESS	4409 E. 24TH AVE.	
CITY - ST - ZIP	TAMPA FL 33605	
TITLE	PMD	<input type="checkbox"/> Delete
NAME	WALKER, OWEIDA	
STREET ADDRESS	3010 45TH ST	
CITY - ST - ZIP	TAMPA FL 33605	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ERSHERY, ARCHIE	
STREET ADDRESS	4402 22ND AVE	
CITY - ST - ZIP	TAMPA FL 33605	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: *Oweida S. Walker P.M.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04

813-621-2570

Date

Daytime Phone #