

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90340 045 ****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

JERALDS, JOHN
3004 DODGE ST
TAMPA FL 33605

Name **Betty J. Bell**
Street Address (P.O. Box Number is Not Acceptable)
3003 N. Star St.
Tp FL
City **FL** Zip Code **33605**

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 **Betty J. Bell**
Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD BELL, BETTY 3003 N STAR ST TAMPA FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SEAY, NADINE 3008 N 46TH ST TAMPA FL 33605 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COCHRAN, RECY 3006 N 46TH ST. TAMPA FL 33605 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JAMES, VERSEY 3016 N 43RD ST TAMPA FL 33605 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PMD JERALD, JOHN 3004 DODGE ST TAMPA FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ERSHERY, ARCHIE 4402 22ND AVE TAMPA FL 33605 | <input type="checkbox"/> Delete |

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

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: **Betty J. Bell** **REQUIRED**

4-27-03 (813)621-5761

CR2E037 (10/02)

Attachment#
80100706
N36635

Treasurer

Recy Cochran

3006 N. 46th St

Tp FL 33605

Director

Albert Walker

3010 N. 45th St.

Tp FL 33605

Director

Hense Williams

4411 E. 24th Ave

Tp FL 33605

Betty J. Bell MD 4/27/03