

FILE NOW: FILING FEE IS \$61.25

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Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38957** (9)
1. Corporation Name
HYPATIA, INC.



Principal Place of Business 7911 CITRUS DRIVE TEMPLE TERRACE FL 33637 US	Mailing Address 7911 CITRUS DRIVE TEMPLE TERRACE FL 33637 US
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3. Date Incorporated or Qualified
07/06/1990

4. FEI Number
37-1188944

Applied For	Not Applicable
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2. Principal Place of Business 21 UNIV. OF OREGON /PHLOS Suite, Apt. #, etc. 22 Dept. of Philosophy City & State 23 EUGENE, OR Zip 24 97403-1295	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent MCALISTER, LINDA LOPEZ 7911 CITRUS DRIVE TEMPLE TERRACE FL 33637	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCALISTER, LINDA LOPEZ		1.2 NAME TUANA, NANCY	
STREET ADDRESS 7911 CITRUS DRIVE		1.3 STREET ADDRESS UNIV. OREGON /DPT. OF PHILOS.	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP EUGENE, OR 97403-1295	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHUTTE, OFELIA		2.2 NAME LAURIE SHRAGE	
STREET ADDRESS UNIV OF FL/DPT. OF PHILO		2.3 STREET ADDRESS CSU-POMONA /DEPT. OF PHILOS.	
CITY-ST-ZIP GAINESVILLE FL		2.4 CITY-ST-ZIP POMONA, CA 91768	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMONS, MARGARET		3.2 NAME	
STREET ADDRESS 683 CHAPMAN		3.3 STREET ADDRESS	
CITY-ST-ZIP EDWARDSVILLE IL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTKY, SANDRA		4.2 NAME	
STREET ADDRESS 3520 N LAKE SHORE DR #7E		4.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

CR2E037 (10/97)