

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50145

FILED  
Jan 30, 2008  
Secretary of State

**Entity Name:** HILLSBOROUGH COUNTY BAR ASSOCIATION SECRETARIAL PLACEMENT SERVICES, INC.

**Current Principal Place of Business:**

201 N FRANKLIN ST.  
STE. 1750  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

201 N FRANKLIN ST.  
STE. 1750  
TAMPA, FL 33602 US

**New Mailing Address:**

**FEI Number:** 59-3136863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRUITT, CONNIE R. ESQ.  
201 N FRANKLIN ST.  
STE. 1750  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BLACK, CAROLINE K  
Address: 307 S. MAGNOLIA AVE  
City-St-Zip: TAMPA, FL 33606

Title: VPD ( ) Delete  
Name: BOPP, TOM  
Address: 501 E. KENNEDY BLVD.  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: HILL, BENJAMIN H VI  
Address: 101 E. KENNEDY BLVD. STE 3700  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: ANDERSEN, CARTER J  
Address: P.O. BOX 3913  
City-St-Zip: TAMPA, FL 33601

Title: D ( ) Delete  
Name: ETHERIDGE, SUSAN G  
Address: P.O. BOX 130536  
City-St-Zip: TAMPA, FL 33681

Title: M ( ) Delete  
Name: PRUITT, CONNIE R  
Address: 201 N. FRANKLIN ST. SUITE 1750  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE R. PRUITT

M

01/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date