


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90047 030 ****61.25

DOCUMENT # N92000000939 1. Entity Name HILLSBOROUGH LITERACY COUNCIL, INC.					
Principal Place of Business 900 N ASHLEY DR TAMPA, FL 33602			Mailing Address 900 N ASHLEY DR TAMPA, FL 33602 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3162192	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GALLAGHER, GARY 1017 FRANKLAND ROAD TAMPA, FL 33629				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD GALLAGHER, GARY 1017 FRANKLAND RD TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Frank Shideler 903 Frankland Rd. TAMPA FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BALLA, BRENDA 5111 N SEMINOLE AVE TAMPA, FL 33603	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Debbie Vomero 11901 Snapdragon Rd. TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENNEDY, ALICE 900 N. ASHLEY DR. TAMPA, FL 33602	<input checked="" 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	P BLOUIN, KEITH 4508 W ROSEMERE RD TAMPA, FL 33609	<input checked="" 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	SEC HUNTER, BILL 900 N. ASHLEY DR. TAMPA, FL 33602	<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"/> Delete	<input type="checkbox"/> Delete		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2/1/05 8/32591379 <small>Daytime Phone #</small>	

50010170



02012005 Chg-NP CR2E037 (10/03)

ATTACHMENT

#N92000000939
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HLC BOARD OF DIRECTORS LIST

Rev. 12/2/04

Name:

Address:

Phone:

Shideler, Frank
President

903 Frankland Road
Tampa, FL 33629
shide@aol.com

254-0492 O
258-4159 Fax

Hunter, Bill
Vice-President. */sec*

202 E. North Street
Tampa, FL 33604
Haineswrth@aol.com

238-3036 H
972-2000 x6592 O

~~Gallagher, Gary~~
~~Treasurer~~

~~1017 Frankland Rd.~~
~~Tampa, FL 33629~~
~~gary.gallagher@ruby-tuesday.com~~

~~259-1379 H~~
~~244-1965 Cell~~
~~258-0032 Fax~~

Vomero, Debbie

11901 Snapdragon Road
Tampa, FL 33635
Deb_vo@yahoo.com

818-9861 H

Coordinator:

Carol Bockenek

John F. Germany Library
900 N. Ashley Drive
Tampa, FL 33602
BockenekC@hillsboroughcounty.org

274-1981 O
963-1169 H

Administrative Support:

Nilda D. Miller

John F. Germany Library
900 N. Ashley Drive
Tampa, FL 33602
MillerN@hillsboroughcounty.org

273-3650 O