

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000001559 (2)**

1. Corporation Name

**HILLSBOROUGH FAMILY READING COUNCIL INC.**



Principal Place of Business

**703 NO. WILLOW STREET  
TAMPA FL 33606**

Mailing Address

**703 NO. WILLOW STREET  
TAMPA FL 33606**

3. Date Incorporated or Qualified  
**03/31/1995**

3a. Date of Last Report

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** *703 No. Willow Ave.*

**27** Suite, Apt. #, etc.

**28** City & State

**29** Zip

**30** Country

4. FEI Number

**59-3307890**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIGGS, LUCY  
703 NO. WILLOW STREET  
TAMPA FL 33606**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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

*Lucy Griggs*

(Signature typed or printed name, registered agent, and date if applicable)

(NOTE: Registered Agent signature required when re-stating)

*1/30/96*

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D GRISHAM, LINDA**  
STREET ADDRESS **3801 CORPOREX PARK DRIVE STE. 100**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ DELETE  
NAME **D MORAN, EDDIE**  
STREET ADDRESS **POST OFFICE BOX 1121**  
CITY-ST-ZIP **ST. PETERSBURG FL 33731**

TITLE ☐ DELETE  
NAME **D YEOMAN, IVA**  
STREET ADDRESS **601 E. KENNEDY BLVD.**  
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/14/96*

DATE

*813/744-6303*

DAYTIME PHONE #

CR2E037 (12/95)