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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N95000001559 (2)

HILLSBOROUGH FAMILY READING COUNCIL INC.



703 no. Willo Tampa fl 336		703 NO. WILLOW STREET TAMPA FL 33606				
				3. Date incorporated or Qualified 03/31/1995	3a. Date of Last f	Report
. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	A	pplied For
		26 703 No. W.	Ilow Ave.	59-3307890		lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	Additional
		27		5. Continued of Clarks Essential	Fee F	Required
Crty & State		Orty & State		Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zφ	Country	Zφ	Country	This corporation has liability for in Florida Statutes	tangible tax under s. Yes Mo	199.032,
	25 Name and Address of Curre		30	10. Name and Address of New Re		
	9. Name and Address of Curre	iii negisterea Agent	81 Name	TO. Mario and Addition of the first		
CDICCO	HICY					
GRIGGS,			82 Street Add	Iress (P.O. Box Number is Not Acceptable	∍)	
703 NO. WILLOW STREET TAMPA FL 33606			83			
IAMEA	L 33000					
			84 City		FL 85 Zig	Code
4. Diversions to	a the provinces of Sections 617.050	2 and 617 1508 Florida Statutes	the above named corpo	oration submits this statement for the purp	ose of changing its re	aistered off
or ropictors	ad agost, or both, in the State of Flor	oda. Such chaode was authorized	by the corporation's boa	ard of directors. I hereby accept the appo	intment as registered	agent. I am
familiar wit	h, and accept the obligations of, Sec				1/30/96	,
ONIATURE	~ X 11011/1/11/11/11	~/ ?)			100/76	2
GNATURE .	July 3	A social at a solit della CNOTE	Repostered Agent Signature reduing	od when reinstahnali	DATE	
	Signal of the property of the		Registered Agent signature require	od when reinstating! ADDITIONS/OHANGES TO OFF!	DATE	RS IN 12
2.		And the if applicable: (NOTE NO DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TiffLE		DATE	
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or disector of the corporation or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or disector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name likely 15 if changed, or on an attachment with an address.