

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001559 (2)**

1. Corporation Name

HILLSBOROUGH FAMILY READING COUNCIL INC.



Principal Place of Business 703 N WILLOW AVE TAMPA FL 33606 US	Mailing Address 703 N WILLOW AVE TAMPA FL 33606-1146 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1995		3a. Date of Last Report 02/13/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3307890		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			

I, 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 checked="" type="checkbox"/> DELETE		1.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRISHAM, LINDA			1.2 NAME	Lucy Griggs		
STREET ADDRESS	3801 CORPOREX PARK DRIVE STE. 100			1.3 STREET ADDRESS	703 N. Willow Ave		
CITY-ST-ZIP	TAMPA FL 33619			1.4 CITY-ST-ZIP	Tampa, FL. 33606		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORAN, EDDIE			2.2 NAME	Eddie Moran		
STREET ADDRESS	POST OFFICE BOX 1121			2.3 STREET ADDRESS	1000 Ashley Dr, Ste 7000		
CITY-ST-ZIP	ST. PETERSBURG FL 33731			2.4 CITY-ST-ZIP	Tampa, FL. 33602		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	YEOMAN, IVA			3.2 NAME	Jodi Cohen		
STREET ADDRESS	601 E. KENNEDY BLVD.			3.3 STREET ADDRESS	1505 N. Nebraska Ave		
CITY-ST-ZIP	TAMPA FL 33603			3.4 CITY-ST-ZIP	Tampa, FL. 33602		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				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 do 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 _____ DATE **4/24/97**

CR2E037 (9/96)