

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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3. Date Incorporated or Qualified 03/31/1995	3a. Date of Last Report 02/13/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-3307890	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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
**GRIGGS, LUCY
703 NO. WILLOW STREET
TAMPA FL 33606**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRISHAM, LINDA	
STREET ADDRESS	3801 CORPOREX PARK DRIVE STE. 100	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORAN, EDDIE	
STREET ADDRESS	POST OFFICE BOX 1121	
CITY-ST-ZIP	ST. PETERSBURG FL 33731	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YEOMAN, IVA	
STREET ADDRESS	601 E. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lucy Griggs	
1.3 STREET ADDRESS	703 N. Willow Ave	
1.4 CITY-ST-ZIP	Tampa, FL. 33606	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Eddie Moran	
2.3 STREET ADDRESS	1000 Ashley Dr, Ste 7000	
2.4 CITY-ST-ZIP	Tampa, FL. 33602	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jodi Cohen	
3.3 STREET ADDRESS	1505 N. Nebraska Ave	
3.4 CITY-ST-ZIP	Tampa, FL. 33602	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 **4/29/97**

CR2E037 (9/96)