

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 US
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3. Date Incorporated or Qualified
03/31/1995

4. FEI Number
59-3307890

Applied For	Not Applicable
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2. Principal Place of Business
 21 []
 2a. Mailing Address
 26 []

Suits, Apt. #, etc.
 22 []
 Suite, Apt. #, etc.
 27 []

City & State
 23 []
 City & State
 28 []

Zip
 24 []
 Country
 25 []
 Zip
 29 []
 Country
 30 []

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD	<input type="checkbox"/> DELETE
NAME	GRIGGS, LUCY	
STREET ADDRESS	703 N WILLOW AVE	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Griggs, Lucy	
1.3 STREET ADDRESS	703 N. Willow Ave	
1.4 CITY-ST-ZIP	Tampa, FL 33606	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MORAN, EDDIE	
STREET ADDRESS	1000 ASHLEY DR, STE. 7000	
CITY-ST-ZIP	TAMPA FL	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rooks, Barbara	
2.3 STREET ADDRESS	3993 E. 21st Ave.	
2.4 CITY-ST-ZIP	Tampa FL 33605	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	COHEN, JODI	
STREET ADDRESS	1505 N NEBRASKA AVE	
CITY-ST-ZIP	TAMPA FL	

3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	cohen, Jodi	
3.3 STREET ADDRESS	1505 N. Nebraska Ave	
3.4 CITY-ST-ZIP	Tampa FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

1/16/98 813-254-2253

CR2E037 (10/97)