

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90120 046 ****70.00

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DOCUMENT # N95000002524

1. Corporation Name

HARC CHALLENGE FOUNDATION, INC.

Principal Place of Business

220 E MADISON ST
SUITE 1040
TAMPA FL 33602
US

Mailing Address

P.O BOX 9537
TAMPA FL 33674
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/23/1995

4. FEI Number

59-3357217

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

9. Name and Address of Current Registered Agent

LILLISTON, RICHARD
2714 W KIRBY ST
TAMPA FL 33674

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CT
NAME HOLCOMB, JOHN
STREET ADDRESS 101 E. KENNEDY BLVD. #3700
CITY-ST-ZIP TAMPA FL 33602

DELETE

TITLE VCT
NAME ROSET, ART
STREET ADDRESS 2001 PAN AM CIRCLE #102
CITY-ST-ZIP TAMPA FL 33607

DELETE

TITLE STT
NAME PINZEL, BONNIE J
STREET ADDRESS 6710 N RIVER BLVD
CITY-ST-ZIP TAMPA FL 33604

DELETE

TITLE T
NAME HUGHES, GREG
STREET ADDRESS 220 E MADISON ST., SUITE 1200
CITY-ST-ZIP TAMPA FL 33602

DELETE

TITLE T
NAME RAUENHORST, SUSAN
STREET ADDRESS 3615 W WATERS AVE
CITY-ST-ZIP TAMPA FL

DELETE

TITLE T
NAME CRIST, CHARLIE
STREET ADDRESS 360 CENTRAL AVE, 31210
CITY-ST-ZIP ST PETERSBURG FL 33701

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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, with all other like empowered.

SIGNATURE: **John Holcomb**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 813 221-3500

Date

Daytime Phone #

CR2E037 (11/98)