

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90060 035 ****61.25

DOCUMENT # N96000003173					
1. Entity Name THE HILLSBOROUGH COUNTY BAR FOUNDATION, INC.					
Principal Place of Business 401 E. JACKSON ST SUITE 1700 TAMPA, FL 33602			Mailing Address 401 E. JACKSON ST SUITE 1700 TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box # 1610 N. Tampa St.		3. Mailing Address 1610 N. Tampa St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-3443939	
Zip 33602		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RUGG, JOSEPH W 401 E. JACKSON ST. SUITE 1700 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RUGG, JOSEPH W 401 E. JACKSON ST., STE. 1700 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Immediate Past President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gwynne A. Young 4221 W. Boy Scout Blvd., Ste. 1000 Tampa, FL 33602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SESSUMS, STEPHEN W 307 S. MAGNOLIA AVE. TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Margaret D. Mathews 401 E. Jackson Street, Ste. 1700 Tampa, FL 33602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEW, ADELAIDE G 400 N ASHLEY DR SUITE 3200 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Elect <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sheila M. McDevitt 16750 - Gulf Blvd. # 215 N. Redington Beach, FL 33708		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARTON, BERNARD A JR 400 N ASHLEY DRIVE SUITE 2300 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, GWYNNE A 4221 W BOYSCOUT BLVD STE 1000 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MATHEWS, MARGARET D 401 E JACKSON STREET TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Margaret D. Mathews			2/29/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		