

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005639 (7)**

1. Corporation Name

**HILLSBOROUGH RIVER GREENWAYS TASK FORCE, INC.**



Principal Place of Business	Mailing Address
<b>601 EAST KENNEDY BLVD. 20TH FLOOR TAMPA FL 33601</b>	<b>P.O. BOX 1110 TAMPA FL 33601</b>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified	Applied For
<b>10/31/1996</b>	Not Applicable
4. FEI Number	
<b>59-3435891</b>	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fees Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
<b>MCCREE, HEIDI B 601 EAST KENNEDY BLVD. 20TH FLOOR TAMPA FL 33601</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DYER, THOMAS H</b>	1.2 NAME	<b>DYER, THOMAS H.</b>
STREET ADDRESS	<b>TWO RIVERS RANCH 40 RANCH RD</b>	1.3 STREET ADDRESS	<b>8922 EAGLE WATCH DRIVE</b>
CITY-ST-ZIP	<b>THONOTOSASSA FL 33592</b>	1.4 CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUMPTER, DAVID</b>	2.2 NAME	<b>SUMPTER, DAVID</b>
STREET ADDRESS	<b>8511 MOURNING DOVE PLACE</b>	2.3 STREET ADDRESS	<b>8511 MOURNING DOVE PLACE</b>
CITY-ST-ZIP	<b>WESLEY CGAPEL FL 33544</b>	2.4 CITY-ST-ZIP	<b>WESLEY CHAPEL, FL 33544</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CADDICK, TERESA</b>	3.2 NAME	
STREET ADDRESS	<b>4016 INMAN AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	3.4 CITY-ST-ZIP	
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 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: \_\_\_\_\_ 2/19/98 (813) 227-6507

CR2E037 (10/97)