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FILED
Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005639 (7)

1. Corporation Name

HILLSBOROUGH RIVER GREENWAYS TASK FORCE, INC.



Principal Place of Business

Mailing Address

601 EAST KENNEDY BLVD.
20TH FLOOR
TAMPA FL 33601

P.O. BOX 1110
TAMPA FL 33601

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

59-3435891

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fees 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

MCCREE, HEIDI B
601 EAST KENNEDY BLVD.
20TH FLOOR
TAMPA FL 33601

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME D
DYEY, THOMAS H
STREET ADDRESS TWO RIVERS RANCH 40 RANCH RD
CITY-ST-ZIP THONOTOSASSA FL 33592

1.1 TITLE Change Addition
1.2 NAME DYEY, THOMAS H.
1.3 STREET ADDRESS 8922 EAGLE WATCH DRIVE
1.4 CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE DELETE
NAME D
SUMPTER, DAVID
STREET ADDRESS 8511 MOURNING DOVE PLACE
CITY-ST-ZIP WESLEY CHAPEL FL 33544

2.1 TITLE Change Addition
2.2 NAME SUMPTER, DAVID
2.3 STREET ADDRESS 8511 MOURNING DOVE PLACE
2.4 CITY-ST-ZIP WESLEY CHAPEL, FL 33544

TITLE DELETE
NAME D
CADDICK, TERESA
STREET ADDRESS 4016 INMAN AVENUE
CITY-ST-ZIP TAMPA FL 33609

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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.

SIGNATURE

[Handwritten Signature]
REQUIRED

2/19/98 (S/P) 227-6507

CR2E037 (10/97)