

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90004 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000005639

1. Corporation Name
HILLSBOROUGH RIVER GREENWAYS TASK FORCE, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3804 COCONUT PALM DR	26	3804 COCONUT PALM DRIVE	10/31/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3435891	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 TAMPA FL 33619		28 TAMPA FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 33619 25 Country USA		29 Zip 33619 30 Country USA		Trust Fund Contribution <input type="checkbox"/>	

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) 3804 COCONUT PALM DRIVE			
				83			
				84 City TAMPA FL 85 Zip Code 33619			

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYER, THOMAS H	1.2 NAME	
STREET ADDRESS	8922 EAGLE WATCH DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/P Director / President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMPTER, DAVID	2.2 NAME	
STREET ADDRESS	8511 MOURNING DOVE PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADDICK, TERESA	3.2 NAME	
STREET ADDRESS	4016 INMAN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D/V Director / Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	STU MARVIN
STREET ADDRESS		4.3 STREET ADDRESS	6309 113TH AVENUE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TEMPLE TERRACE FL 33617
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D/T Director / Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DAVE BRACCIANO
STREET ADDRESS		5.3 STREET ADDRESS	2535 LANDMARK DRIVE, SUITE 201
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLEARWATER FL 34629
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, with all other like empowered.

SIGNATURE: _____ DATE: 7/16/99 8:13/99-7812

CR2E037 (5/99)