

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

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

601 EAST KENNEDY BLVD.
20TH FLOOR
TAMPA FL 33601

Mailing Address

P.O. BOX 1110
TAMPA FL 33601

2. Principal Place of Business

21 3804 COCONUT PALM DRIVE
Suite, Apt. #, etc.

2a. Mailing Address

26 3804 COCONUT PALM DRIVE
Suite, Apt. #, etc.

City & State

23 TAMPA FL 33619
Zip Country

City & State

28 TAMPA FL
Zip Country

24 33619 25 USA

29 33619 30 USA

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

59-3435891

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

MCCREE, HEIDI B

601 EAST KENNEDY BLVD.
20TH FLOOR
TAMPA FL 33601

10. Name and Address of New Registered Agent

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

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 D ☒ DELETE

NAME DYER, THOMAS H
STREET ADDRESS 8922 EAGLE WATCH DR
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE D ☐ DELETE

NAME SUMPTER, DAVID
STREET ADDRESS 8511 MOURNING DOVE PL
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE D ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 D/P

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 D/V

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE D/T

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

Director / President

Director / Vice-President

STU MARVIN

6309 113TH AVENUE

TEMPLE TERRACE FL 33617

Director / Treasurer

DAVE BRACCIANO

2535 LANDMARK DRIVE, SUITE 201

CLEARWATER FL 34629

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



CR2E037 (5/99)