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Jun 18 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 # **N97000007216 (1)**

1. Corporation Name

**TAMPA-HILLSBOROUGH URBAN LEAGUE COMMUNITY HOUSING, INC.**

Principal Place of Business

Mailing Address

**1405 TAMPA PARK PLAZA  
TAMPA FL 33605**

**1405 TAMPA PARK PLAZA  
TAMPA FL 33605**

3. Date Incorporated or Qualified  
**12/31/1997**

4. FEI Number

**59-6150162**

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

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee 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 **N/A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOKLEY, JOANNA N  
1405 TAMPA PARK PLAZA  
TAMPA FL 33605**

**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 HUGGINS, THOMAS**  
STREET ADDRESS **4801 W KENNEDY SUITE 124**  
CITY-ST-ZIP **TAMPA FL 33609**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D TOKLEY, JOANNA N.**  
1.3 STREET ADDRESS **1405 TAMPA PARK PLAZA**  
1.4 CITY-ST-ZIP **TAMPA, FLORIDA 33605**

TITLE ☐ DELETE  
NAME **D ALANDER, ROSS**  
STREET ADDRESS **1406 S NANCE AVE**  
CITY-ST-ZIP **TAMPA FL 33606**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D EGBERT, RICHARD**  
STREET ADDRESS **7650 W COURTNEY CAMPBELL CAUSEWAY**  
CITY-ST-ZIP **TAMPA FL 33607-1462**

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

TITLE ☒ DELETE  
NAME **D EGBERT, RICHARD**  
STREET ADDRESS **7650 W COURTNEY CAMPBELL CAUSEWAY**  
CITY-ST-ZIP **TAMPA FL 33607-1462**

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

TITLE ☐ DELETE  
NAME **D HIRES, ALMA**  
STREET ADDRESS **PO BOX 5096 N/A**  
CITY-ST-ZIP **TAMPA FL 33675-5096**

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

TITLE ☐ DELETE  
NAME **D WILHITE, SARA**  
STREET ADDRESS **3812 GUNN HIGHWAY**  
CITY-ST-ZIP **TAMPA FL 33624**

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:

*Joanna N. Tokley*

*5/5/98*

*812-229-8117*

CR2E037 (10/97)