

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90011 029 ****70.00

DOCUMENT # N97000007216

1. Corporation Name

TAMPA-HILLSBOROUGH URBAN LEAGUE COMMUNITY HOUSIN
G, INC.

Principal Place of Business
1405 TAMPA PARK PLAZA
TAMPA FL 33605

Mailing Address
1405 TAMPA PARK PLAZA
TAMPA FL 33605



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

12/31/1997

4. FEI Number
59-6150162

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

TOKLEY, JOANNA N
1405 TAMPA PARK PLAZA
TAMPA FL 33605

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME HUGGINS, THOMAS
STREET ADDRESS 4601 W KENNEDY SUITE 124
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ DELETE

NAME ALANDER, ROSS
STREET ADDRESS 1406 S NANCE AVE
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ DELETE

NAME EGBERT, RICHARD
STREET ADDRESS 7650 W COURTNEY CAMPBELL CAUSEWAY
CITY-ST-ZIP TAMPA FL 33607-1462

TITLE ☐ DELETE

NAME TOKLEY, JOANNA N
STREET ADDRESS 1405 TAMPA PARK PLAZA
CITY-ST-ZIP TAMPA FL 33605

TITLE ☐ DELETE

NAME HIRES, ALMA
STREET ADDRESS PO BOX 5096 N/A
CITY-ST-ZIP TAMPA FL 33675-5096

TITLE ☐ DELETE

NAME WILHITE, SARA
STREET ADDRESS 3812 GUNN HIGHWAY
CITY-ST-ZIP TAMPA FL 33624

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 ☐ Change ☐ Addition

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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

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

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
Katherine Harris

7/13/99

Daytime Phone #

CR2E037 (5/99)