## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000004836

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

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City-St-Zip:

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MOORE, KEVIN A

ODESSA, FL 33556

17033 WINNERS CIRCLE

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Entity Name: HILLSBOROUGH COUNTY UNITED S.C., INC.

FILED Apr 29, 2004 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business: % A.J. MUSIAL, JR. 14820 ED RADICE DRIVE 4830 W. KENNÉDY BLVD., SUITE 750 TAMPA, FL 33636 TAMPA, FL 33609 **Current Mailing Address: New Mailing Address:** PO BOX 272051 TAMPA, FL 33688 US FEI Number: 57-1083546 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUSIAL, A. J JR MUSIAL, A. J JR. 4830 W. KENNEDY BLVD. 1211 W. FLETCHER AVE. TAMPA, FL 33612 STE 750 TAMPA, FL 33609 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: 04/29/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition RENALDO, JAMES S KRAVETZKY, DAVID S Name: Name: 4219 CARROLLWOOD VILLAGE DR Address: 16913 CEDAR BLUFF DRIVE Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33618 (X) Change ( ) Addition Title: VD ( ) Delete Title: MUSIAL, A. J JR. Name: MILLER, WAYNE Name: Address: 13127 TIFTON DRIVE Address: 4311 HAWKS NEST DRIVE City-St-Zip: TAMPA, FL 33618 City-St-Zip: LUTZ, FL 33558 US Title: () Delete Title: (X) Change ( ) Addition BUSHMAN, CATHY Name: CHRISTINE, MCCARRON Name: 17614 PASTURE ROAD 4201 SALTWATER BLVD. Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: TAMPA, FL 33615 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

TD

PARKER, CHRIS

TUCKER, LAURA

TAMPA, FL 33624 US

TAMPA, FL 33556 US

12414 HIDDEN BROOK DRIVE

10410 LAKE GROVE DRIVE

(X) Change ( ) Addition

( ) Change (X) Addition

SIGNATURE: DAVID KRAVETZKY PD 04/29/2004