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FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000064968 (6)

1. Corporation Name  
HYDE PARK COUNSELING CENTER, INC.



Principal Place of Business

306 SOUTH BOULEVARD STE A  
TAMPA FL 33606

Mailing Address

306 SOUTH BOULEVARD STE A  
TAMPA FL 33606-2151

3. Date Incorporated or Qualified  
08/02/1996

3a. Date of Last Report  
NEW CORP

4. FEI Number  
59-3394757

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 207 VERNE STREET

Suite, Apt. #, etc.

22

City & State

23 TAMPA, FL

Zip

24 33606

Country

25

2a. Mailing Address

26 207 VERNE STREET

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL

Zip

29 33606

Country

30

9. Name and Address of Current Registered Agent

AYE, WALTER E ESQ.  
610 W. AZEELE STREET  
TAMPA FL 33606

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 607.0502 and 607.1508, 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 607.0505, 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  
NAME HILL, CHARLES F  
STREET ADDRESS 101 GULF WINDS DRIVE WEST  
CITY-ST-ZIP PALM HARBOR FL 34683

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE D  
2.2 NAME VAGG, PETER R.  
2.3 STREET ADDRESS 4610 SAN MIGUEL STREET  
2.4 CITY-ST-ZIP TAMPA, FL 33629

☐ Change ☒ Addition

3.1 TITLE D  
3.2 NAME KROPP, LINDA A.  
3.3 STREET ADDRESS 207 VERNE STREET  
3.4 CITY-ST-ZIP TAMPA, FL 33606

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/5/97

CR2E034 (9/96)

813-258-4605