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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730206 (0)

1. Corporation Name
THE HILLSBOROUGH COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business 39 COLUMBIA DRIVE P.O. BOX 31127 (336313127) TAMPA FL 33606-3584	Mailing Address 39 COLUMBIA DRIVE P.O. BOX 31127 (336313127) TAMPA FL 33606-3584
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 07/16/1974	3a. Date of Last Report 02/09/1996
4. FEI Number 59-1810717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SALEM, RICHARD J
101 EAST KENNEDY BLVD
SUITE 3200
TAMPA FL 33602**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CERNY, DAVID J.	
STREET ADDRESS	39 COLUMBIA DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARCIA, ROBERT P.	
STREET ADDRESS	39 COLUMBIA DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WIGGINS, WILLIAM K.	
STREET ADDRESS	39 COLUMBIA DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FEE, RICHARD	
STREET ADDRESS	39 COLUMBIA DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MEHLTRETTER, JAMES R	
STREET ADDRESS	39 COLUMBIA DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mehltretter, James R.	
1.3 STREET ADDRESS	39 Columbia Drive	
1.4 CITY-ST-ZIP	Tampa, FL 33606	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Williams, Renee	
2.3 STREET ADDRESS	39 Columbia Drive	
2.4 CITY-ST-ZIP	Tampa, FL 33606	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Edwards, Robert S.	
3.3 STREET ADDRESS	39 Columbia Drive	
3.4 CITY-ST-ZIP	Tampa, FL 33606	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: *James R. Mehlretter* **JAMES R. Mehlretter** 1-22-97 (813) 835-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047402

CR2E037 (9/96)