

FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

0049795

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

02-24-1999 90195 035 ****61.25

DOCUMENT # 730206

1. Corporation Name
 THE HILLSBOROUGH COMMUNITY COLLEGE FOUNDATION, I NC.

114602 90195 35

Principal Place of Business: 39 COLUMBIA DRIVE, P.O. BOX 31127, TAMPA FL 33606-3584
 Mailing Address: 39 COLUMBIA DRIVE, P.O. BOX 31127, TAMPA FL 33606-3584



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/16/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1810717	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SALEM, RICHARD J 101 EAST KENNEDY BLVD SUITE 3200 TAMPA FL 33602				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEHLTRETTER, JAMES R	1.2 NAME	Ernest Fernandez, Jr.
STREET ADDRESS	39 COLUMBIA DR	1.3 STREET ADDRESS	39 Columbia Dr.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, ROBERT P.	2.2 NAME	David J. Cerny
STREET ADDRESS	39 COLUMBIA DR.	2.3 STREET ADDRESS	39 Columbia Dr.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, ROBERT S	3.2 NAME	James R. Mehlretter
STREET ADDRESS	39 COLUMBIA DR	3.3 STREET ADDRESS	39 Columbia Dr.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEE, RICHARD	4.2 NAME	John L. Huerta
STREET ADDRESS	39 OCLUMBIA DR	4.3 STREET ADDRESS	39 Columbia Dr.
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL
TITLE	MD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIENGO, JOHN F	5.2 NAME	
STREET ADDRESS	39 COLUMBIA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, RENEE	6.2 NAME	
STREET ADDRESS	39 COLUMBIA DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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: Julia SIGNATURE REQUIRED Fee TREASURER 1/19/99 (813) 253-7014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)