

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

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

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DOCUMENT # 730206

1. Corporation Name

**THE HILLSBOROUGH COMMUNITY COLLEGE FOUNDATION, I
NC.**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified

07/16/1974

4. FEI Number

59-1810717

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

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

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	PD	<input type="checkbox"/> DELETE
NAME	MEHLTRETTER, JAMES R	
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	EDWARDS, ROBERT S	
STREET ADDRESS	39 COLUMBIA DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FEE, RICHARD	
STREET ADDRESS	39 OCLUMBIA DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	FIENGO, JOHN F	
STREET ADDRESS	39 COLUMBIA DR	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, RENEE	
STREET ADDRESS	39 COLUMBIA DR	
CITY-ST-ZIP	TAMPA FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ernest Fernandez, Jr.	
1.3 STREET ADDRESS	39 Columbia Dr.	
1.4 CITY-ST-ZIP	Tampa, FL	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David J. Cerny	
2.3 STREET ADDRESS	39 Columbia Dr.	
2.4 CITY-ST-ZIP	Tampa, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James R. Mehlretter	
3.3 STREET ADDRESS	39 Columbia Dr.	
3.4 CITY-ST-ZIP	Tampa, FL	
4.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John L. Huerta	
4.3 STREET ADDRESS	39 Columbia Dr.	
4.4 CITY-ST-ZIP	Tampa, FL	
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 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:

Richard J. Salem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard J. Salem TREASURER 1/19/99 (813) 253-7014

Date

Daytime Phone #

CR2E037 (1/198)