

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N25149** (8)  
1. Corporation Name  
**HILLSBOROUGH EDUCATION FOUNDATION, INC.**



Principal Place of Business: 2010 E. HILLSBOROUGH AVE SUITE 212 TAMPA FL 33610  
Mailing Address: 2010 E. HILLSBOROUGH AVE SUITE 212 TAMPA FL 33610

3. Date Incorporated or Qualified: 03/02/1988  
3a. Date of Last Report: 07/07/1995  
4. FEI Number: 59-2883361  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 25 Country: 29 Zip: 30 Country: 30

9. Name and Address of Current Registered Agent  
**LUBRANO, ANDREW J.**  
**101 E KENNEDY BV**  
**STE 3700**  
**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  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWRY, A. LEON	
STREET ADDRESS	900 N. DELAWARE AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	EDD	<input type="checkbox"/> DELETE
NAME	BOEHM, TERRY	
STREET ADDRESS	2010 E. HILLSBOROUGH AVE #212	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KEITH SURGENOR	
STREET ADDRESS	702 N. FRANKLIN ST	
CITY-ST-ZIP	TAMPA FL 33601-0111	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ADELAIDE ALEX SINK	
STREET ADDRESS	400 N. ASHLEY ST	
CITY-ST-ZIP	TAMPA FL 33631-3590	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARRY F. SHERAW	
STREET ADDRESS	520 GRAND REGENCY BLVD	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: 3/22/96 (813) 231-1904  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)