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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25149

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/02/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2883361
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	Trust Fund Contribution

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 FL 85 Zip Code
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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 re-registering)		DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ST DINGLE, PHILLIP S	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	3501 E. FRONTAGE RD		1.2 NAME				
STREET ADDRESS	TAMPA FL		1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY-ST-ZIP				
TITLE	EDD BOEHM, TERRY	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	2010 E. HILLSBOROUGH AVE #212		2.2 NAME				
STREET ADDRESS	TAMPA FL 33610		2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE	HARRY F. SHERAW	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	520 GRAND REGENCY BLVD		3.2 NAME				
STREET ADDRESS	BRANDON FL		3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	Keith Henthorne			
STREET ADDRESS			4.3 STREET ADDRESS	3507 Frontage Road, Suite #180			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Tampa, FL 33607			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: SIGNATURE REQUIRED Date: 3/18/99 Daytime Phone #

CR2E037 (11/98)