

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004700

FILED
Jan 05, 2004
Secretary of State**Entity Name:** THE HILLSBOROUGH CONSORTIUM FOR TECHNOLOGY AND EDUCATION, INC.**Current Principal Place of Business:**2110 NORTH BOULEVARD
TAMPA, FL 33603**New Principal Place of Business:****Current Mailing Address:**2110 NORTH BOULEVARD
TAMPA, FL 33602**New Mailing Address:****FEI Number:** 31-1579966**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILSON, TERRY
5101 RIVER BOULEVARD
TAMPA, FL 33603**Name and Address of New Registered Agent:**WILSON, TERRY
328 WEST HAYA ST.
TAMPA, FL 33603

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TERRY WILSON

01/05/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONZALEZ, MARY
Address: 10701 STALLGATE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: STD () Delete
Name: WILSON, TERRY
Address: 5109 RIVER BLVD.
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: CLEMENTS, JEAN
Address: 3134 W. COACHMAN AVENUE
City-St-Zip: TAMPA, FL 33611

Title: MD () Delete
Name: WILSON, ELIZABETH
Address: 5109 RIVER BLVD
City-St-Zip: TAMPA, FL 33603

Title: VD () Delete
Name: LUIACONI, CYNTHIA
Address: 12009 WANDSWORTH DRIVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: WILSON, TERRY
Address: 328 WEST HAYA ST.
City-St-Zip: TAMPA, FL 33603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change () Addition
Name: WILSON, ELIZABETH
Address: 5101 RIVER BLVD
City-St-Zip: TAMPA, FL 33603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH WILSON

MD

01/05/2004

Electronic Signature of Signing Officer or Director

Date