

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33610-0255
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country		3. Date Incorporated or Qualified 03/02/1988	3a. Date of Last Report 03/26/1996
4. FEI Number 59-2883361		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWRY, A. LEON			1.2 NAME			
STREET ADDRESS	900 N. DELAWARE AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP			
TITLE	EDD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOEHM, TERRY			2.2 NAME			
STREET ADDRESS	2010 E. HILLSBOROUGH AVE #212			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33610			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEITH SURGENOR			3.2 NAME			
STREET ADDRESS	702 N. FRANKLIN ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33601-0111			3.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADELAIDE ALEX SINK			4.2 NAME			
STREET ADDRESS	400 N. ASHLEY ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33631-3590			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRY F. SHERAW			5.2 NAME			
STREET ADDRESS	520 GRAND REGENCY BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33510			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Phillip S. Dingle		
STREET ADDRESS				6.3 STREET ADDRESS	3501 E. Frontage Rd.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Tampa, FL 33607		

14. I do 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.

CR2E037 (9/96)