


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000004627</b> 1. Entity Name <b>HILLSBOROUGH ART EDUCATION ASSOCIATION, INC.</b>	
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<b>Principal Place of Business</b> <b>4600 W. KENNEDY BLVD.</b> <b>TAMPA, FL 33609</b>	<b>Mailing Address</b> <b>4600 W. KENNEDY BLVD.</b> <b>TAMPA, FL 33609</b>
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02112004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3669726**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>SALEM, ALBERT M JR.</b> <b>4600 W. KENNEDY BLVD.</b> <b>TAMPA, FL 33609</b>
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000133360</b> <b>04/27/04-80084-008 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SALEM, NANCY
STREET ADDRESS	3819 W. HORATIO STREET, #7
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	BLISS, CHAN
STREET ADDRESS	4106 W MCKAY AVENUE
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	RODRIGUEZ, DEBORAH
STREET ADDRESS	2312 FLETCHER POINT CIR.
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	T
NAME	SWALLS, CATHY L
STREET ADDRESS	3148 PINE SHADOW DR
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **chan Bliss** **4/12/04** **813-245-0024**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone