

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004627

FILED  
Apr 14, 2008  
Secretary of State

**Entity Name:** HILLSBOROUGH ART EDUCATION ASSOCIATION, INC.

**Current Principal Place of Business:**

4600 W. KENNEDY BLVD.  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4600 W. KENNEDY BLVD.  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 59-3669726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALEM, ALBERT M JR.  
4600 W. KENNEDY BLVD.  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SALEM, NANCY  
Address: 3819 W. HORATIO STREET, #7  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: DANIELE, VICTORIA  
Address: 7700 GUNN HWY  
City-St-Zip: TAMPA, FL 33625

Title: T ( ) Delete  
Name: SWALLS, CATHY L  
Address: 3148 PINE SHADOW DR  
City-St-Zip: LAND O LAKES, FL 34639

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: DANIELE, VICTORIA  
Address: 1472 46TH AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL 33703

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: VICTORIA DANIELE

D

04/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date