

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730206

FILED
Feb 08, 2010
Secretary of State

Entity Name: THE HILLSBOROUGH COMMUNITY COLLEGE FOUNDATION, INC.

Current Principal Place of Business:

39 COLUMBIA DRIVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

39 COLUMBIA DRIVE, #719
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-1810717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, ADREINNE M DR
39 COLUMBIA DR.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

GARCIA, ADRIENNE M DR
39 COLUMBIA DR.
TAMPA, FL 33606 US

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: ADRIENNE M. GARCIA

02/08/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: SEEGER, ALYSON MS.
Address: 39 COLUMBIA DRIVE # 719
City-St-Zip: TAMPA, FL 33606

Title: S
Name: GARCIA, ADRIENNE M DR.
Address: 39 COLUMBIA DR., #719
City-St-Zip: TAMPA, FL 33606

Title: TD
Name: CASPER, SUSAN MS.
Address: 39 COLUMBIA DR., #719
City-St-Zip: TAMPA, FL 33606

Title: C
Name: KOONTZ, STEPHEN M MR.
Address: 39 COLUMBIA DR., #719
City-St-Zip: TAMPA, FL 33606

Title: D
Name: BULNES, REINALDO F MR.
Address: 39 COLUMBIA DR., #719
City-St-Zip: TAMPA, FL 33606

Title: D
Name: REID, RANDALL MR.
Address: 39 COLUMBIA DR., #719
City-St-Zip: TAMPA, FL 33606

I hereby 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 all other like empowered.

SIGNATURE: ADRIENNE GARCIA

S

02/08/2010

Electronic Signature of Signing Officer or Director

Date