

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711820

Entity Name: HILLSBOROUGH COUNTY CLASSROOM TEACHERS' ASSOCIATION, INC.**Current Principal Place of Business:**3102 N. HABANA AVE
TAMPA, FL 33607**Current Mailing Address:**3102 N HABANA AVE
TAMPA, FL 33607 US**FEI Number:** 59-1108715**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HAGGERTY, PAULA
3102 N HABANA AVE
TAMPA, FL 33607 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:** PAULA HAGGERTY

04/28/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	KRIETE, ROBERT
Address	6708 PROVIDENCE ROAD
City-State-Zip:	RIVERVIEW FL 33578
Title	VP
Name	GREEN, JOHNNY
Address	10427 AVELAR RIDGE DRIVE
City-State-Zip:	RIVERVIEW FL 33578
Title	DIRECTOR
Name	LEE, EMILY
Address	2906 WILDER CREEK CIRCLE
City-State-Zip:	PLANT CITY FL 33566
Title	SECRETARY, TREASURER
Name	CHUCHMAN, VALERIE
Address	708 HIAWATHA STREET
City-State-Zip:	TAMPA FL 33604

Title	DIRECTOR
Name	HOCKMAN, KATHY
Address	5722 HARBORSIDE DRIVE
City-State-Zip:	TAMPA FL 33615
Title	DIRECTOR
Name	GLICK, HIEDI
Address	10235 ESTERO BAY LANE
City-State-Zip:	TAMPA FL 33625
Title	EXECUTIVE DIRECTOR
Name	PICKLESIMER, GRAHAM
Address	3102 N. HABANA AVE
City-State-Zip:	TAMPA FL 33607
Title	DIRECTOR
Name	WRIGHT, KELVIN
Address	3130 W LAMBRIGHT STREET 522
City-State-Zip:	TAMPA FL 33614

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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: ROBERT KRIETE

PRESIDENT

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GROVES, MARIDEA
Address 3505 GRAY WHETSTONE STREET
City-State-Zip: BRANDON FL 33511

Title DIRECTOR
Name GAMBLE, STACIE
Address 3915 PENROD LANE
City-State-Zip: VALRICO FL 33596

Title DIRECTOR
Name CAREY, WENDY
Address 2721 N MORGAN STREET
City-State-Zip: TAMPA FL 33602