DOCUMENT# 711820
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2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

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

BAXTER-JENKINS, STEPHANIE S 3102 N HABANA AVE TAMPA, FL 33607 US Certificate of Status Desired: Yes

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

# Officer/Director Detail :

Officer/Director Detail :				
Title	Ρ	Title	ST	
Name	CLEMENTS, JEAN	Name	COOK, FAYE	
Address	3134 W COACHMAN AVE	Address	2808 WILDER PARK DRIVE	
City-State-Zip:	TAMPA FL 33611	City-State-Zip:	PLANT CITY FL 33566	
Title	D	Title	D	
Name	BALLANS, AIMEE	Name	GATES-MCCARTHY, SABRINA	
Address	18804 HOLLY PINE TRAIL	Address	19051 BOYETTE RD	
City-State-Zip:	LITHIA FL 33547	City-State-Zip:	LITHIA FL 33547	
Title	DIRECTOR	Title	DIRECTOR	
Name	GIBBS, JAMES	Name	FOJACO, CHRISTIE	
Address	2721 BRUCKEN ROAD	Address	3013 ST. CHARLES DRIVE	
City-State-Zip:	VALRICO FL 33594	City-State-Zip:	TAMPA FL 33618	
Title	DIRECTOR	Title	DIRECTOR	
Name	ORUM, JANICE	Name	BLANCO, CRYSTAL	
Address	9423 SAYRE STREET	Address	3710 HIGHLAND	
City-State-Zip:	RIVERVIEW FL 33569	City-State-Zip:	TAMPA FL 33603	
<i>,</i> ,		Continues	2	

#### Continues on page 2

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: STEPHANIE BAXTER-JENKINS

REGISTERED AGENT

04/04/2016

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 04, 2016 Secretary of State CC4200457516

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	MACK, ERIC	Name	HUIE, LINDA
Address	5102 WHITEWAY DRIVE	Address	5718 RIDGESTONE DRIVE
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TAMPA FL 33625
Title	VP	Title	DIRECTOR
Name	HAGGERTY, LEO	Name	HAGGERTY, BARBARA
Address	16219 FANTASIA DRIVE	Address	16219 FANTASIA DRIVE
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	TAMPA FL 33624
Title	DIRECTOR	Title	EXECUTIVE DIRECTOR
Name	STEWART, JAMES	Name	BAXTER-JENKINS, STEPHANIE
Address	213 GREENCASTLE AVENUE	Address	3102 N. HABANA AVE
City-State-Zip:	TEMPLE TERRACE FL 33617	City-State-Zip:	TAMPA FL 33607