

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715510

**Entity Name:** HCTA PROFESSIONAL LEARNING CENTER, 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:** 59-1371756**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAXTER-JENKINS, STEPHANIE  
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:** STEPHANIE BAXTER-JENKINS

04/22/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BAXTER-JENKINS, STEPHANIE  
Address 3102 N HABANA AVENUE  
City-State-Zip: TAMPA FL 33607

Title VPD  
Name CLEMENTS, JEAN  
Address 3134 W COACHMAN AVE  
City-State-Zip: TAMPA FL 33611

Title STD  
Name COOK, FAYE L  
Address 2808 WILDER PARK DR  
City-State-Zip: PLANT CITY FL 33566

Title D  
Name DUPREE, MARILYN  
Address 8301 N RIVER HIGHLAND PLACE  
City-State-Zip: TAMPA FL 33617

Title D  
Name GATES-MCCARTHY, NANCY S  
Address 19051 BOYETTE RD  
City-State-Zip: LITHIA FL 33547

Title D  
Name PERRY, JOHN  
Address 9318 N. DARTMOUTH  
City-State-Zip: TAMPA FL 33612

*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

PRESIDENT

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date