

**2021 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

04/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            KRIETE, ROBERT  
Address        6708 PROVIDENCE ROAD  
City-State-Zip: RIVERVIEW FL 33578

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

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

Title            DIRECTOR  
Name            GLICK, HIEDI  
Address        10235 ESTERO BAY LANE  
City-State-Zip: TAMPA FL 33625

Title            SECRETARY, TREASURER  
Name            CHUCHMAN, VALERIE  
Address        708 HIAWATHA STREET  
City-State-Zip: TAMPA FL 33604

Title            DIRECTOR  
Name            RUSNAK, CHRISTOPHER  
Address        512 CLIFF DRIVE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title            DIRECTOR  
Name            GREEN, JOHNNY  
Address        1325 DAB DRIVE  
City-State-Zip: SEFFNER FL 33584

**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

PRESIDENT

04/29/2021

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 HILTZ, JULIE  
Address 1318 FOX CHAPEL DRIVE  
City-State-Zip: LUTZ FL 33549

Title DIRECTOR  
Name WRIGHT, KELVIN  
Address 3130 W LAMBRIGHT STREET  
522  
City-State-Zip: TAMPA FL 33614

Title DIRECTOR  
Name MARTIN HOWARD, CARA  
Address 9131 BAYOU DRIVE  
City-State-Zip: TAMPA FL 33635