

2022 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:**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

04/18/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HAGGERTY, PAULA
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 HOCKMAN, KATHY
Address 5722 HABORSIDE DRIVE
City-State-Zip: TAMPA FL 33615

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 LEE, EMILY
Address 2906 WILDER CREEK CICLE
City-State-Zip: PLANT CITY FL 33566

Title DIRECTOR
Name GREEN, JOHNNY
Address 10427 AVELAR RIDGE DRIVE
City-State-Zip: RIVERVIEW FL 33578

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: PAULA HAGGERTY

INTERIM PRESIDENT

04/18/2022

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 BURDGE, KATHERINE
Address 10720 CORY LAKE DRIVE
City-State-Zip: TAMPA FL 33647

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

Title DIRECTOR
Name MARTIN HOWARD, CARA
Address 10811 SAKONNET RIVER DRIVE
#201
City-State-Zip: TAMPA FL 33615

Title DIRECTOR
Name KOKOSKA, CHRISTINE
Address 16111 COPELAND FARMS ROAD
City-State-Zip: ODESSA FL 33556