

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730206

**Entity Name:** THE HILLSBOROUGH COMMUNITY COLLEGE FOUNDATION, INC.**FILED**  
**Feb 07, 2013**  
**Secretary of State**  
**CC8680004688****Current Principal Place of Business:**39 COLUMBIA DRIVE, #719  
TAMPA, FL 33606**Current Mailing Address:**39 COLUMBIA DRIVE, #719  
TAMPA, FL 33606**FEI Number: 59-1810717****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GARCIA, ADRIENNE MDR  
39 COLUMBIA DR., #719  
TAMPA, FL 33606 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	BAUMAN, DEBRA
Address	39 COLUMBIA DRIVE # 719
City-State-Zip:	TAMPA FL 33606

Title	S
Name	GARCIA, ADRIENNE M
Address	39 COLUMBIA DR., #719
City-State-Zip:	TAMPA FL 33606

Title	TD
Name	PETERSON, CHUCK JR.
Address	39 COLUMBIA DR., #719
City-State-Zip:	TAMPA FL 33606

Title	D
Name	WHITE, ANDREA
Address	39 COLUMBIA DR., #719
City-State-Zip:	TAMPA FL 33606

Title	D
Name	BURT, JAMES II
Address	39 COLUMBIA DR., #719
City-State-Zip:	TAMPA FL 33606

Title	CHAIRMAN
Name	LEDFOORD, ROBERT
Address	39 COLUMBIA DR., #719
City-State-Zip:	TAMPA FL 33606

*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: ADRIENNE M. GARCIA****EXECUTIVE DIRECTOR****02/07/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date