

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001023

**FILED**  
**Mar 01, 2016**  
**Secretary of State**  
**CC7635107895**

**Entity Name:** HILLSBOROUGH COUNTY SCHOOL READINESS COALITION, INC.

**Current Principal Place of Business:**

6800 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33614

**Current Mailing Address:**

6800 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33614 US

**FEI Number: 59-3626765**

**Certificate of Status Desired: No**

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

MCGERALD, DAVID X  
6800 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33614 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 CHAIRMAN  
Name PATEL, AAKASH  
Address 3811 WEST PLATT ST APT A  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name BARRISH, SCOTT  
Address 10739 KEYS GATE DRIVE  
City-State-Zip: RIVERVIEW FL 33579

Title VC  
Name BUESING, ROBERT  
Address 101 EAST KENNEDY BLVD.  
City-State-Zip: TAMPA FL 33601

Title DIRECTOR  
Name BEVIS, DONNA M  
Address 115 ADALIA AVENUE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name KUHN, JENNIFER K  
Address 9393 NORTH FLORIDA AVENUE  
SUITE 900  
City-State-Zip: TAMPA FL 33612

Title DIRECTOR  
Name HANCOCK, BARBARA  
Address PO BOX 3408  
City-State-Zip: TAMPA FL 33601

Title DIRECTOR  
Name PEACHY, EDWARD  
Address 5100 W. KENNEDY AVE.  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name ROBINSON, SHAWN  
Address 2112 N. 15TH STREET  
City-State-Zip: TAMPA FL 33605

**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: DAVID MCGERALD**

**EXECUTIVE DIRECTOR**

**03/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MURMAN, SANDRA  
Address 601 E KENNEDY BLVD  
City-State-Zip: TAMPA FL 33602

Title CEO  
Name MCGERALD, DAVID X  
Address 1002 EAST PALM AVE.  
City-State-Zip: TAMPA FL 33605

Title DIRECTOR  
Name JENKINS, JACQUELYN DR.  
Address 3639 W WATERS AVE  
SUITE 500  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name CARACCIOLA, MARIE  
Address 5701 EAST HILLSBOROUGH AVE  
SUITE 2301  
City-State-Zip: TAMPA FL 33610

Title DIRECTOR  
Name HAMMOND, JILL  
Address 16190 BRUCE B DOWNS BLVD  
SUITE 300  
City-State-Zip: TAMPA FL 33647

Title TREASURER  
Name MCELROY, JOSEPH  
Address 401 E JACKSON STREET  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name MEHRA, RAHUL DR.  
Address 2918 W HARBOR VIEW AVE  
City-State-Zip: TAMPA FL 33611

Title DIRECTOR  
Name BUZARD, LUKE A  
Address 702 N FRANKLIN ST  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name MCEWEN, BRIAN  
Address 3108 WEST AZEELE STREET  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name CHOWNING, ANGELA  
Address 3152 CLAY MAGNUM LANE  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name DOUGLAS , HOLT DR.  
Address P O BOX 5135  
City-State-Zip: TAMPA FL 33675

Title DIRECTOR  
Name PARRIS, KELLEY  
Address 1002 E PALM AVE  
City-State-Zip: TAMPA FL 33605

Title DIRECTOR  
Name HARRIS, SALLY  
Address 6204 INTERBAY BLVD  
City-State-Zip: TAMPA FL 33611

Title SECRETARY  
Name HILDRETH, LYNNE  
Address 3005 WEST EUCLID AVENUE  
City-State-Zip: TAMPA FL 33629

Title DIRECTOR  
Name SEEL, LINDSAY  
Address 313 W PARK AVENUE  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name DEL CASTILLO, CARLOS  
Address 4145 S FALKENBURG RD  
City-State-Zip: RIVERVIEW FL 33578

Title DIRECTOR  
Name HANCOCK, MARY  
Address 10615 SOUTHERN POINTE BLVD  
City-State-Zip: RIVERVIEW FL 33578

Title DIRECTOR  
Name KILLINGSWORTH, BRIAN  
Address ONE BUCCANEER PLACE  
City-State-Zip: TAMPA FL 33607