

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005099

**Entity Name:** HBCA FOUNDATION, INC.

**Current Principal Place of Business:**

1500 W. EAU GALLIE BLVD., STE.A-2  
MELBOURNE, FL 32935

**Current Mailing Address:**

1500 W. EAU GALLIE BLVD., STE. A-2  
MELBOURNE, FL 32935 US

**FEI Number:** 54-2064291

**Certificate of Status Desired:** No

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

MILLER, ERIN  
1500 W EAU GALLIE BLVD  
MELBOURNE, FL 32935 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:** ERIN MILLER

04/20/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER OF HBCA  
Name           CARAWAY, ROMAN  
Address        1500 W. EAU GALLIE BLVD., STE. A-2  
City-State-Zip: MELBOURNE FL 32935

Title           CHAIRMAN OF FOUNDATION AND  
                  HBCA VP  
Name           CARTAGENA-SPENCER, NATASHA  
Address        1500 W. EAU GALLIE BLVD., STE.A-2  
City-State-Zip: MELBOURNE FL 32935

Title           PRESIDENT OF HBCA  
Name           MASLINE, MICHELLE  
Address        1500 W. EAU GALLIE BLVD., STE.A-2  
City-State-Zip: MELBOURNE FL 32935

Title           DIRECTOR  
Name           CUMMINS, SUZANNE  
Address        1500 W. EAU GALLIE BLVD., STE.A-2  
City-State-Zip: MELBOURNE FL 32935

*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:** SUZANNE CUMMINS

EO

04/20/2019

Electronic Signature of Signing Officer/Director Detail

Date