

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

DOCUMENT# N08000001672

**Entity Name:** ADVANTAGE ACADEMY OF HILLSBOROUGH, INC.

**Current Principal Place of Business:**

304 W PROSSER DRIVE  
PLANT CITY, FL 33563

**Current Mailing Address:**

5471 N UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 26-2955088

**Certificate of Status Desired:** No

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

CHARTER SCHOOL ASSOCIATES, INC.  
5471 N UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33067 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 C  
Name ROGERS, PATRICIA  
Address 304 W PROSSER DRIVE  
City-State-Zip: PLANT CITY FL 33563

Title VP, TREASURER  
Name HARRIS, CHARLES  
Address 304 W PROSSER DRIVE  
City-State-Zip: PLANT CITY FL 33563

Title BOARD MEMBER  
Name DEAN, JENNIFER  
Address 304 W PROSSER DRIVE  
City-State-Zip: PLANT CITY FL 33563

Title MEMBER  
Name ELSNER, DETRIA  
Address 304 W PROSSER DRIVE  
City-State-Zip: PLANT CITY FL 33563

*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:** PATRICIA ROGERS

**BOARD CHAIR**

**02/08/2019**

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

\_\_\_\_\_  
Date