**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 07, 2018**
**Secretary of State**
**CC8298643067**

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 | Title | VP, TREASURER |
| Name | ROGERS, PATRICIA | Name | HARRIS, CHARLES |
| Address | 304 W PROSSER DRIVE | Address | 304 W PROSSER DRIVE |
| City-State-Zip: | PLANT CITY FL 33563 | City-State-Zip: | PLANT CITY FL 33563 |
| Title | BOARD MEMBER | Title | MEMBER |
| Name | DEAN, JENNIFER | Name | ELSNER, DETRIA |
| Address | 304 W PROSSER DRIVE | Address | 304 W PROSSER DRIVE |
| City-State-Zip: | PLANT CITY FL 33563 | 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 CHAIRMAN 02/07/2018

Electronic Signature of Signing Officer/Director Detail — Date