

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25149

**Entity Name:** HILLSBOROUGH EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

2306 N. HOWARD AVENUE  
TAMPA, FL 33607

**Current Mailing Address:**

2306 N. HOWARD AVENUE  
TAMPA, FL 33607

**FEI Number:** 59-2883361

**Certificate of Status Desired:** No

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

SUTTON, KEVIN H  
101 EAST KENNEDY BOULEVARD  
SUITE 3700  
TAMPA, FL 33602 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            PRESIDENT  
Name            JOWELL, KIM  
Address        2306 N HOWARD AVE  
City-State-Zip: TAMPA FL 33607

Title            TREASURER  
Name            TAYLOR, CHRISTOPHER  
Address        19 S TREASURE DRIVE  
City-State-Zip: TAMPA FL 33609

Title            CHAIR  
Name            REED, ROYCE  
Address        17301 EMERALD CHASE DR.  
City-State-Zip: TAMPA FL 33647

Title            VC  
Name            MARSHALL, DREW  
Address        511 N FRANKLIN AVE  
City-State-Zip: TAMPA FL 33602

Title            SECRETARY  
Name            CASPER, BLAKE  
Address        4908 W NASSAU ST.  
City-State-Zip: TAMPA FL 33607

*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:** KIM JOWELL

**PRESIDENT**

**06/19/2020**

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

\_\_\_\_\_  
Date