

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004700

Entity Name: THE HILLSBOROUGH CONSORTIUM FOR TECHNOLOGY AND EDUCATION, INC.**FILED**
Jan 28, 2013
Secretary of State
CC3624591414**Current Principal Place of Business:**2920 N. 40TH ST.
#101
TAMPA, FL 33605**Current Mailing Address:**2920 N. 40TH ST.
#101
TAMPA, FL 33605**FEI Number: 31-1579966****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MERRITT, PATTI
2920 N. 40TH ST.
#101
TAMPA, FL 33605 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	PD
Name	GONZALEZ, MARY
Address	10701 STALLGATE DRIVE
City-State-Zip:	TAMPA FL 33624
Title	D
Name	CLEMENTS, JEAN
Address	3134 W. COACHMAN AVENUE
City-State-Zip:	TAMPA FL 33611
Title	VD
Name	JACKSON, JAMALYA
Address	2920 NORTH 40TH ST.
City-State-Zip:	TAMPA FL 33605

Title	STD
Name	LYONS, YVONNE
Address	503 LANTERN CIRCLE
City-State-Zip:	TEMPLE TERRACE FL 33617
Title	MD
Name	LUIACONI, CINDY
Address	12009 WANDSWORTH DRIVE
City-State-Zip:	TAMPA FL 33626
Title	MD
Name	DAVIS, JACK E
Address	2920 N. 40TH ST., #101
City-State-Zip:	TAMPA FL 33605

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: JACK DAVIS**MANAGING DIRECTOR****01/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date