2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# 708730

Entity Name: HILLSBOROUGH COUNTY EDUCATION ASSOCIATION, INC.

Current Principal Place of Business:

4505 NORTH ROME AVE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

4505 NORTH ROME AVE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 29-2277087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LYONS, DELORES
4505 NORTH ROME AVE.
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FRIERSON-COUSIN, RACHELLE	
Address:	207 ROSANNA DRIVE	
City-St-Zip:	BRANDON, FL 33511	
Title:	P	( ) Delete
Name:	LYONS, DELORES Y	
Address:	503 LANTERN CIRCLE	
City-St-Zip:	TEMPLE TERRACE, FL 33617	
Title:	D	( ) Delete
Name:	GONZALEZ, MARY	
Address:	10701 STALLGATE DRIVE	
City-St-Zip:	TAMPA, FL 33624	
Title:	V	( ) Delete
Name:	KIKER, CHARLES	
Address:	2813 HARDER OAKS	
City-St-Zip:	VALRICO, FL 33594	
Title:	ST	( ) Delete
Name:	DESIANO, ELIZABETH	
Address:	3204 W. GROVE STREET	
City-St-Zip:	TAMPA, FL 33614	
Title:	D	( ) Delete
Name:	WALKER, VERNELL	
Address:	5803 LANGSTON COURT	
City-St-Zip:	TAMPA, FL 33619	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DELORES Y. LYONS P 07/11/2008

Electronic Signature of Signing Officer or Director — Date