

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90293 014 \*\*\*\*61.25

<b>DOCUMENT # 711820</b> 1. Entity Name <b>HILLSBOROUGH COUNTY CLASSROOM TEACHERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>4505 N. ROME AVE. TAMPA, FL 33603</b>			Mailing Address <b>4505 N. ROME AVE. TAMPA, FL 33603</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WILSON, TERRANCE J. 4505 N. ROME AVE. TAMPA, FL 33603</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P CLEMENTS, JEAN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3134 W COACHMAN AVE		NAME		
STREET ADDRESS	TAMPA, FL 33611		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D BRUMMOND, TONI <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5119 CORVETTE DR		NAME		
STREET ADDRESS	TAMPA, FL 33624		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	ST HOGAN, SHARON <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2901 W BURKE ST		NAME		
STREET ADDRESS	TAMPA, FL 33614		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D MITCHELL, CARROLL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2914 E CHELSEA		NAME		
STREET ADDRESS	TAMPA, FL 33610		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VC VARAS, MARIE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6413 ROSEWOOD DR		NAME		
STREET ADDRESS	TAMPA, FL 33615		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D HUTTIG, SUSAN <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	15210 AMBERLY DR. APT 1315		NAME	Ted Lierman	
STREET ADDRESS	TAMPA, FL 33647		STREET ADDRESS	1424 Four Seasons Blvd.	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33613	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Jeann E Clements</u> , PRESIDENT			04/07/2005 813 238-7902		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		