


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90181 030 \*\*\*\*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 - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>59-1108715</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILSON, TERRANCE J. 4505 N. ROME AVE. TAMPA, FL 33603</b>			7. Name and Address of New Registered Agent Name <b>LYONS, DELORES Y.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4505 N. ROME AVE.</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33603</b>		
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 <i>DeLores Y. Lyons</i>		<b>DELORES Y. LYONS</b>		<b>04/13/2007</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CLEMENTS, JEAN</b> <b>3134 W COACHMAN AVE</b> <b>TAMPA, FL 33611</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, JERRI</b> <b>7007 TIDEWATER TRAIL</b> <b>TAMPA, FL 33619</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>HOGAN, SHARON</b> <b>2901 W BURKE ST</b> <b>TAMPA, FL 33614</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PERRY, JOHN</b> <b>9318 N. DARTMOUTH</b> <b>TAMPA, FL 33612</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>DUPREE, MARILYN</b> <b>8301 N. RIVER HIGHLAND PLACE</b> <b>TAMPA, FL 33617</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIERMAN, TED</b> <b>1424 FOUR SEASONS BLVD</b> <b>TAMPA, FL 33613</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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> <i>Jeann Clements</i>			<b>JEAN CLEMENTS</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>04/13/07</b>		
Date			Daytime Phone #		