

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2004
Secretary of State**

DOCUMENT# 719432

Entity Name: HILLSBOROUGH COUNTY SCHOOLS TRANSPORTATION ASSOCIATION, INC.

Current Principal Place of Business:

9455 HARNEY RD.
THONOTOSASSA, FL 33592

New Principal Place of Business:

Current Mailing Address:

C/O CAROLYN BARLOW
9455 HARNEY ROAD
THONOTOSASSE, FL 335923705

New Mailing Address:

C/O LOUISE OVERCASH
9455 HARNEY ROAD
THONOTOSASSA, FL 335923705 US

FEI Number: 59-1714267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, BARBARA
10211 N 23RD STREET
TAMPA, FL 33612 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: P () Delete
Name: RODRIGUEZ, BARBARA
Address: 10211-N 23RD ST
City-St-Zip: TAMPA, FL 33612

Title: VP () Delete
Name: CAMPBELL, MARCIA
Address: 6408 E EUGENE AVENUE
City-St-Zip: TAMPA, FL 33619

Title: SD () Delete
Name: OVERCASH, LOUISE
Address: 607 BLOOMINGDALE AVE
City-St-Zip: BRANDON, FL 33511

Title: TD () Delete
Name: BARLOW, CAROLYN
Address: 12520 AVERY ROAD
City-St-Zip: THONOTOSASSA, FL 33592

Title: DSR (X) Delete
Name: KENNEDY, PAULINE
Address: 17711 BOY SCOUT ROAD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OVERCASH, LOUISE L
Address: 5740 CONNELL ROAD
City-St-Zip: PLANT CITY, FL 33567 US

Title: VP (X) Change () Addition
Name: SKIPPER, GERALDINE
Address: 3210 S. 70TH ST
City-St-Zip: TAMPA, FL 33619 US

Title: S/T (X) Change () Addition
Name: CAMPBELL, MARCIA J
Address: 6408 E EUGENE AVE
City-St-Zip: TAMPA, FL 33619 US

Title: REP (X) Change () Addition
Name: MARTIN, ANNA
Address: 6228 BLACK DAIRY ROAD
City-St-Zip: SEFFNER, FL 33584

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOUISE L OVERCASH

PRES

01/11/2004

Electronic Signature of Signing Officer or Director

Date