2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
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 LOUISE OVERCASH
9455 HARNEY ROAD
THONOTOSASSA, FL 335923705 US

New Mailing Address:

9455 HARNEY RD.
THONOTOSASSA, FL 33592

FEI Number: 59-1714267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OVERCASH, LOUISE
5740 CONNELL ROAD
PLANT CITY, FL 33567 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: OVERCASH, LOUISE L
Address: 5740 CONNELL ROAD
City-St-Zip: PLANT CITY, FL 33567 US

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

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

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

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:

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: LOUISE L OVERCASH P 04/21/2008
Electronic Signature of Signing Officer or Director — Date