

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:33

DOCUMENT # 730206 (0)

1. Corporation Name

THE HILLSBOROUGH COMMUNITY COLLEGE FOUNDATION, I
NC.

Principal Place of Business

Mailing Address

39 COLUMBIA DRIVE
P.O. BOX 31127 (336313127)
TAMPA FL 33606-3584

39 COLUMBIA DRIVE
P.O. BOX 31127 (336313127)
TAMPA FL 33606-3584

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/16/1974

3a. Date of Last Report
02/15/1994

4. FEI Number
59-1810717

Applied For
Not Applicable

5. Certificate of Status Desired XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status XX

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKAS, JOHN W., JR
201 E KENNEDY BLVD.
SUITE 800
TAMPA FL 33601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILDER, LARRY
STREET ADDRESS 39 COLUMBIA DR
CITY-ST-ZIP TAMPA FL

1.1 TITLE P/D
1.2 NAME Cerny, David J.
1.3 STREET ADDRESS 39 Columbia Dr.
1.4 CITY-ST-ZIP Tampa, FL 33606

XX Change ☐ Addition

TITLE VD
NAME MASSARO, TRISH
STREET ADDRESS 39 COLUMBIA DR
CITY-ST-ZIP TAMPA FL

2.1 TITLE V/D
2.2 NAME Garcia, Robert P.
2.3 STREET ADDRESS 39 Columbia Dr.
2.4 CITY-ST-ZIP Tampa, FL 33606

Change XX Addition

TITLE VD
NAME MEHLTRETTER, JIM
STREET ADDRESS 39 COLUMBIA DR
CITY-ST-ZIP TAMPA FL

3.1 TITLE S/D
3.2 NAME Wiggins, William K.
3.3 STREET ADDRESS 39 Columbia Drive
3.4 CITY-ST-ZIP Tampa, FL 33606

☐ Change XX Addition

TITLE TD
NAME FEE, RICHARD
STREET ADDRESS 39 COLUMBIA DR
CITY-ST-ZIP TAMPA FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME CERNY, DAVE
STREET ADDRESS 39 COLUMBIA DR
CITY-ST-ZIP TAMPA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME STARK, GEORGE
STREET ADDRESS 39 COLUMBIA DR
CITY-ST-ZIP TAMPA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William K. Wiggins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 19, 1995

(813)-
253-3302.
Corporate Phone #