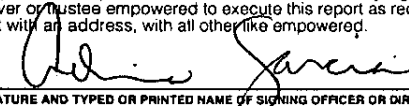


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90043 037 ****61.25

DOCUMENT # 730206 1. Entity Name THE HILLSBOROUGH COMMUNITY COLLEGE FOUNDATION, INC.					
Principal Place of Business 39 COLUMBIA DRIVE P.O. BOX 31127 (336313127) TAMPA, FL 33606			Mailing Address 39 COLUMBIA DRIVE P.O. BOX 31127 (336313127) TAMPA, FL 33606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01062004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1810717				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, ADREINNE M DR 39 COLUMBIA DR. TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	☐ Delete	TITLE	C/D	☒ Change ☐ Addition
NAME	MIINCEY, KAREN M		NAME	Fralick, Frank E./	
STREET ADDRESS	39 COLUMBIA DR		STREET ADDRESS	39 Columbia Dr.	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33606	
TITLE	VD	☐ Delete	TITLE	V/D	☐ Change ☒ Addition
NAME	FRALICK, FRANK E		NAME	Carbone, Dan	
STREET ADDRESS	39 COLUMBIA DR.		STREET ADDRESS	39 Columbia Dr.	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33606	
TITLE	SD	☒ Delete	TITLE	T/D	☐ Change ☒ Addition
NAME	FRALICK, FRANK		NAME	Peterson, Charles	
STREET ADDRESS	39 COLUMBIA DR		STREET ADDRESS	39 Columbia Dr.	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33606	
TITLE	SD	☒ Delete	TITLE	S	☒ Change ☐ Addition
NAME	FEE, RICHARD D		NAME	Garcia, Adrienne M.	
STREET ADDRESS	39 COLUMBIA DR.		STREET ADDRESS	39 Columbia Dr.	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33606	
TITLE	VD	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	MINCEY, KAREN M		NAME	Mincey, Karen M.	
STREET ADDRESS	39 COLUMBIA DR		STREET ADDRESS	39 Columbia Dr.	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33606	
TITLE	M	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GARCIA, ADREINNE M		NAME		
STREET ADDRESS	39 COLUMBIA DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP		
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.					
SIGNATURE:  Adrienne Garcia 1/21/04 813 253-7114					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					