

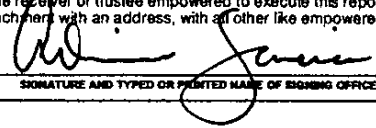
2005

# 2006-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRET  
TALLAHASSEE, FLORIDA

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>DOCUMENT # 730206</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                     |                                                                                                |  |                                                                                 |
| 1. Entity Name<br><b>THE HILLSBOROUGH COMMUNITY COLLEGE<br/>FOUNDATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                     |                                                                                                |                                                                                   |                                                                                 |
| Principal Place of Business<br><b>39 COLUMBIA DRIVE<br/>P.O. BOX 31127 (336313127)<br/>TAMPA, FL 33606</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                     | Mailing Address<br><b>39 COLUMBIA DRIVE<br/>P.O. BOX 31127 (336313127)<br/>TAMPA, FL 33606</b> |                                                                                   |                                                                                 |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                     | 3. Mailing Address                                                                             |                                                                                   |                                                                                 |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                     | Suite, Apt. #, etc.                                                                            |                                                                                   |                                                                                 |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                     | City & State                                                                                   |                                                                                   |                                                                                 |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country            | Zip                                                                                 | Country                                                                                        | 07122006 Chg-NP CR2E037 (4/06)<br>4. FEI Number<br><b>59-1810717</b>              |                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                     |                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                                 |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                     |                                                                                                | <b>\$8.75 Additional<br/>Fee Required</b>                                         |                                                                                 |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                     |                                                                                                | 7. Name and Address of New Registered Agent                                       |                                                                                 |
| <b>GARCIA, ADREINNE M DR<br/>39 COLUMBIA DR.<br/>TAMPA, FL 33606</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                     |                                                                                                | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                     |                                                                                                |                                                                                   |                                                                                 |
| <b>Filing Fee is \$61.25<br/>Due by September 6, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                | <b>\$5.00 May Be<br/>Added to Fees</b>                                            |                                                                                 |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                     |                                                                                                |                                                                                   |                                                                                 |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                     |                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |                                                                                 |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CD                 | <input checked="" type="checkbox"/> Delete                                          |                                                                                                | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FRALICK, FRANK E   |                                                                                     |                                                                                                | NAME                                                                              |                                                                                 |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 39 COLUMBIA DR     |                                                                                     |                                                                                                | STREET ADDRESS                                                                    |                                                                                 |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TAMPA, FL 33606    |                                                                                     |                                                                                                | CITY - ST - ZIP                                                                   |                                                                                 |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TD                 | <input type="checkbox"/> Delete                                                     |                                                                                                | TITLE                                                                             | CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PETERSON, CHARLES  |                                                                                     |                                                                                                | NAME                                                                              | Peterson, Charles                                                               |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 39 COLUMBIA DR.    |                                                                                     |                                                                                                | STREET ADDRESS                                                                    | 39 Columbia Drive                                                               |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TAMPA, FL 33606    |                                                                                     |                                                                                                | CITY - ST - ZIP                                                                   | Tampa, FL 33606                                                                 |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S/M                | <input type="checkbox"/> Delete                                                     |                                                                                                | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GARCIA, ADRIENNE M |                                                                                     |                                                                                                | NAME                                                                              |                                                                                 |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 39 COLUMBIA DR.    |                                                                                     |                                                                                                | STREET ADDRESS                                                                    |                                                                                 |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TAMPA, FL 33606    |                                                                                     |                                                                                                | CITY - ST - ZIP                                                                   |                                                                                 |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                  | <input type="checkbox"/> Delete                                                     |                                                                                                | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MINCEY, KAREN M    |                                                                                     |                                                                                                | NAME                                                                              |                                                                                 |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 39 COLUMBIA DR     |                                                                                     |                                                                                                | STREET ADDRESS                                                                    |                                                                                 |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TAMPA, FL 33606    |                                                                                     |                                                                                                | CITY - ST - ZIP                                                                   |                                                                                 |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    | <input type="checkbox"/> Delete                                                     |                                                                                                | TITLE                                                                             | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                     |                                                                                                | NAME                                                                              | Susan Casper                                                                    |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                     |                                                                                                | STREET ADDRESS                                                                    | 39 Columbia Drive, Tampa, FL                                                    |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                     |                                                                                                | CITY - ST - ZIP                                                                   | 33606                                                                           |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    | <input type="checkbox"/> Delete                                                     |                                                                                                | TITLE                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                     |                                                                                                | NAME                                                                              |                                                                                 |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                     |                                                                                                | STREET ADDRESS                                                                    |                                                                                 |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                     |                                                                                                | CITY - ST - ZIP                                                                   |                                                                                 |
| 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. |                    |                                                                                     |                                                                                                |                                                                                   |                                                                                 |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                                                     |                                                                                                | Adrienne Garcia, Secretary 7-14-06 813 253 7014                                   |                                                                                 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                     |                                                                                                | Date Daytime Phone #                                                              |                                                                                 |

D  
Debra Bauman

D  
Daniel Carbone

D  
Jennifer Closshey

D  
John Cochran

D  
Tom Ellwanger

D  
Ross Elsberry

D  
Cassandra Gonzmart

D  
James Hackman

D  
Alyson Horn

D  
Joseph Jackson

D  
Rudy Jordan

D  
Stephen Koontz

D  
Dr. Patricia Martini Clark

D  
Denise Muth

D  
John Sheppard

D  
Steve Short

D  
Dr. John Sinnott

D  
Ed Verner

All carry the same mailing address:  
39 Columbia Drive  
Tampa, Fl 33606