

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90060 006 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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) DATE			
Filing Fee is \$61.25 Due by September 14, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	CD PETERSON, CHARLES 39 COLUMBIA DR. TAMPA, FL 33606 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Charles Peterson 4908 W. Nassau St. Tampa, FL 33607 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SM GARCIA, ADRIENNE M 39 COLUMBIA DR. TAMPA, FL 33606 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MINCEY, KAREN M 39 COLUMBIA DR TAMPA, FL 33606 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CASPER, SUSAN 39 COLUMBIA DRIVE TAMPA, FL 33606 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Casper, Susan 905 S. Dakota Ave #100 Tampa, FL 33606-3003 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		7-3-07 83-253-7114 Date Daytime Phone #	

ATTACHMENT

40122945

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Hillsborough Community College Foundation, Inc.

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