

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 10, 2011
Secretary of State**

DOCUMENT# 733992

Entity Name: HILLSBOROUGH COUNTY FAMILY PARTNERSHIP ALLIANCE, INC.**Current Principal Place of Business:**9391 N FLORIDA AVE
TAMPA, FL 336127907**New Principal Place of Business:****Current Mailing Address:**9391 N FLORIDA AVE
TAMPA, FL 336127907**New Mailing Address:****FEI Number:** 59-1721045**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HERNANDEZ, KIMBERLY
11038 LYNN LAKE CIR
TAMPA, FL 33625 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
Name: HERNANDEZ, KIMBERLY
Address: 11038 LYNN LAKE CIR
City-St-Zip: BRANDON, FL 33625

Title: TD
Name: TRUFFA, SHEILA
Address: 10719 DEEPBROOK DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: 1VP
Name: MUNOZ, DEBBIE
Address: 8732 HYALEAH RD
City-St-Zip: TAMPA, 00 33617

Title: CSEC
Name: GODBOLT, MERSHELL
Address: 8211 DEVANE DR
City-St-Zip: TAMPA, FL 33619

Title: RSEC
Name: TRUFFA, MICHAEL J
Address: 10719 DEEPBROOK DR
City-St-Zip: RIVERVIEW, FL 33569

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL TRUFFA

RSEC

06/10/2011

Electronic Signature of Signing Officer or Director

Date