

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009568

FILED  
May 25, 2007  
Secretary of State

**Entity Name:** HILLSBOROUGH COMMUNITY COLLEGE DEVELOPMENT FOUNDATION, INC.

**Current Principal Place of Business:**

39 COLUMBIA DRIVE  
TAMPA, FL 336063584

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 31127  
TAMPA, FL 336313127

**New Mailing Address:**

**FEI Number:** 59-1219841      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KOEHLER, MARTHA K  
39 COLUMBIA DRIVE  
TAMPA, FL 336063584 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: D ( ) Delete  
Name: STEPHENSON, GWENDOLYN W  
Address: 39 COLUMBIA DRIVE  
City-St-Zip: TAMPA, FL 336063584

Title: D ( ) Delete  
Name: WOLF, ROBERT M  
Address: 39 COLUMBIA DRIVE  
City-St-Zip: TAMPA, FL 336063584

Title: D ( ) Delete  
Name: CHUNN, ROBERT  
Address: 39 COLUMBIA DRIVE  
City-St-Zip: TAMPA, FL 336063584

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTHA KAYE KOEHLER

ATTY

05/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date