

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009568

**FILED**  
**Feb 18, 2010**  
**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:**

39 COLUMBIA DRIVE  
812  
TAMPA, FL 336063584

**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 ( )**

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

KOEHLER, MARTHA KAYE  
39 COLUMBIA DRIVE  
TAMPA, FL 336063584 US

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

KOEHLER, MARTHA KAYE  
39 COLUMBIA DRIVE  
812  
TAMPA, FL 336063584 US

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: MARTHA KAYE KOEHLER

02/18/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STEPHENSON, GWENDOLYN W  
Address: 39 COLUMBIA DRIVE  
City-St-Zip: TAMPA, FL 336063584

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

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

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: ROBERT M. WOLF

D

02/18/2010

Electronic Signature of Signing Officer or Director

Date