

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13702

FILED
Apr 28, 2006
Secretary of State

Entity Name: HILLSBOROUGH COUNTY CENTER OF EXCELLENCE, INC.

Current Principal Place of Business:

1225 INDIA STREET
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 291447
TEMPLE TERRANCE, FL 33687 US

New Mailing Address:

FEI Number: 59-2648954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILMORE, RICARDO L
101 E. KENNEDY BOULEVARD
SUITE 3200
TAMPA, FL 33602 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: VD () Delete
Name: CARLEY, SYLVIA M PHD
Address: 7021 53RD STREET
City-St-Zip: TAMPA, FL 33617 US

Title: D () Delete
Name: LEEKS, MICHAEL D MR
Address: P O BOX 23831
City-St-Zip: TAMPA, FL 33623 US

Title: PD () Delete
Name: HORTON, SAM PHD
Address: 8003 JACKSON SPR. RD.
City-St-Zip: TAMPA, FL 33615 US

Title: D () Delete
Name: YOUNG, MATTHEW MR.
Address: 3507 N. DARTMOUTH AVENUE
City-St-Zip: TAMPA, FL 33603 US

Title: D () Delete
Name: LOVETT, FOSTER CPA
Address: 400 EAST MARTIN LUTHER KING, JR. 108
City-St-Zip: TAMPA, FL 33613 US

Title: D () Delete
Name: DANAHER, SHARON MRS
Address: 13520 CLUBSIDE DRIVE
City-St-Zip: TAMPA, FL 33624 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
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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 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: MARY LINDSEY

DR.

04/28/2006

Electronic Signature of Signing Officer or Director

Date