

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13702

FILED
May 20, 2009
Secretary of State

Entity Name: HILLSBOROUGH COUNTY CENTER OF EXCELLENCE, INC.

Current Principal Place of Business:

7655 SOUTH TERRACE PLAZA
TAMPA, FL 33617 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 ()**
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:

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: SCOTT, DORIS
Address: 3604 RIVER GROVE DRIVE
City-St-Zip: TAMPA, FL 33610 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: CARLEY, SYLVIA M PHD
Address: P O BOX 291447
City-St-Zip: TAMPA, FL 33687-144 US

Title: D (X) Change () Addition
Name: LEEKS, MICHAEL D MR
Address: P O BOX 291447
City-St-Zip: TAMPA, FL 33687-144 US

Title: D (X) Change () Addition
Name: POWELL, CEDRIC MR.
Address: P O BOX 291447
City-St-Zip: TAMPA, FL 33687-144 US

Title: D (X) Change () Addition
Name: YOUNG, MATTHEW MR.
Address: P O BOX 291447
City-St-Zip: TAMPA, FL 33687-144 US

Title: D (X) Change () Addition
Name: SCOTT, DORIS
Address: P O BOX 291447
City-St-Zip: TAMPA, FL 33687-144 US

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: MATT YOUNG

D

05/20/2009

Electronic Signature of Signing Officer or Director

Date