

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90058 046 ****70.00

DOCUMENT # N14816

1. Entity Name

HILLSBOROUGH HIGH SCHOOL ALUMNI ASSOCIATION, INC



Principal Place of Business

12803 ED DENISON RD
THONOTOSASSA FL 33952
US

Mailing Address

12803 ED DENISON RD
THONOTOSASSA FL 33952
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2758906

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENISON, JUDY-
12803 ED DENISON ROAD
THONOTOSASSA FL 33952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Judy Denison

Signature, typed or printed name of registered agent and title if applicable.

Judy Denison

NOTE: Registered Agent signature required when re-registering.

4/14/07

Date

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	LOPEZ, CHARLES	
STREET ADDRESS	207 W. VIOLET STREET	
CITY - ST - ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYNOR, ART	
STREET ADDRESS	4504 W ELM ST	
CITY - ST - ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYNOR, DIGNA	
STREET ADDRESS	4554 W ELM ST	
CITY - ST - ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSGROVE, TONYA	
STREET ADDRESS	1928 REDBRIDGE DRIVE	
CITY - ST - ZIP	BRANDON FL 33510	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DENISON, JUDY	
STREET ADDRESS	12803 ED DENISON RD	
CITY - ST - ZIP	THONOTOSASSA FL 33592	
TITLE	D	<input type="checkbox"/> Delete
NAME	PECK, PEGGY	
STREET ADDRESS	4414 ROCKCREST CIRCLE	
CITY - ST - ZIP	TAMPA FL 33624	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judy Denison

Judy Denison

4/14/07

813-986-1318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #