

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14816

FILED
Feb 15, 2009
Secretary of State

Entity Name: HILLSBOROUGH HIGH SCHOOL ALUMNI ASSOCIATION, INC

Current Principal Place of Business:

12803 ED DENISON RD
THONOTOSASSA, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

12803 ED DENISON RD
THONOTOSASSA, FL 33952 US

New Mailing Address:

FEI Number: 59-2758906 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DENISON, JUDY
12803 ED DENISON ROAD
THONOTOSASSA, FL 33952 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: DS () Delete
Name: LOPEZ, CHARLES
Address: 207 W. VIOLET STREET
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: MAYNOR, ART
Address: 4504 W ELM ST
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: MAYNOR, DIGNA
Address: 4554 W ELM ST
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: COSGROVE, TONYA
Address: 1928 REDBRIDGE DRIVE
City-St-Zip: BRANDON, FL 33510

Title: DT () Delete
Name: DENISON, JUDY
Address: 12803 ED DENISON RD
City-St-Zip: THONOTOSASSA, FL 33592

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: LOPEZ, CHARLES
Address: 4714 JOSEPH COURT # 212
City-St-Zip: TAMPA, FL 33614

Title: D (X) Change () Addition
Name: MAYNOR, ART
Address: 6515 ORIENT ROAD
City-St-Zip: TAMPA, FL 33610

Title: D (X) Change () Addition
Name: MAYNOR, DIGNA
Address: 6515 ORIENT ROAD
City-St-Zip: TAMPA, FL 33610

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: JUDY DENISON

DT

02/15/2009

Electronic Signature of Signing Officer or Director

Date