

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25149

FILED
Jan 28, 2009
Secretary of State

Entity Name: HILLSBOROUGH EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

2010 E. HILLSBOROUGH AVE
SUITE 212
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

2010 E. HILLSBOROUGH AVE
SUITE 212
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-2883361 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SUTTON, KEVIN H
101 EAST KENNEDY BOULEVARD
SUITE 3700
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: DV () Delete
Name: POLAND, MICHAEL
Address: 401 E. JACKSON STREET
City-St-Zip: TAMPA, FL 33602 US

Title: DP () Delete
Name: HOFFMAN, WILLIAM E
Address: 2010 E. HILLSBOROUGH AVE #212
City-St-Zip: TAMPA, FL 33610

Title: DC () Delete
Name: SEEGER, GEORGE
Address: 16724 VALSECA DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: DS () Delete
Name: JOHNSON, R. DUANE
Address: 425 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33602

Title: DT () Delete
Name: BRANNAN, JOHN
Address: 611 MAGNOLIA AVENUE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: GILLETTE, GORDON L
Address: P.O. BOX 111
City-St-Zip: TAMPA, FL 33601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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: WILLIAM E. HOFFMAN

PRES

01/28/2009

Electronic Signature of Signing Officer or Director

Date