

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29465

FILED
Feb 16, 2009
Secretary of State

Entity Name: HILLSBOROUGH REGION AACA, INC.

Current Principal Place of Business:

5612 PADDOCK TRAIL DRIVE
TAMPA, FL 33621 US

New Principal Place of Business:

Current Mailing Address:

5612 PADDOCK TRAIL DRIVE
TAMPA, FL 33624 US

New Mailing Address:

714 APOLLO BEACH BLVD.
APOLLO BEACH, FL 33572 US

FEI Number: 59-2953057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, MARLENE
714 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572 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: VP () Delete
Name: BROWN, KATHY
Address: 3817 RAVENNA DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: FERNANDEZ, WILLIE
Address: 7214 FLOWERFIELD DR
City-St-Zip: TAMPA, FL 33615

Title: S () Delete
Name: FERNANDEZ, LINDA
Address: 7214 FLOWERFIELD DR
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: HALL, MARLENE
Address: 714 APOLLO BCH BLVD
City-St-Zip: APOLLO BEACH, FL 33572

Title: P () Delete
Name: RUMOKE, ANGELO JR
Address: 5612 PADDOCK TRAIL DRIVE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: DEL RIO, MOE
Address: 3205 W. LEMON ST
City-St-Zip: TAMPA, FL 33609

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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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 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: MARLENE C. HALL

T

02/16/2009

Electronic Signature of Signing Officer or Director

Date