

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90040 025 \*\*\*\*61.25

**DOCUMENT # N95000001371**

1. Entity Name  
**HILLSBOROUGH HEAD START COMMUNITY  
FOUNDATION, INC.**



Principal Place of Business  
**3639 W WATERS AVE  
STE 500  
TAMPA, FL 33614**

Mailing Address  
**4817 N. FLORIDA AVENUE  
TAMPA, FL 33603**

**44006626**



2. Principal Place of Business

3. Mailing Address

**3639 W Waters Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 500**

01152004

Chg-NP

CR2E037 (10/03)

City & State

City & State

**Tampa, FL**

4. FEI Number

**59-3328377**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33614**

**Hillsborough**

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

**GLAUSSER, DONNA  
3639 W WATERS AVE  
TAMPA, FL 33614**

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

*Donna E. Glauesser*

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

(NOTE: Registered Agent signature required when reinstating)

**1/15/04**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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 ☐ Delete  
NAME **S**  
STREET ADDRESS **FASULO, SANDRA**  
CITY-ST-ZIP **1805 W MOMSON AVE  
TAMPA, FL 33606**

TITLE ☐ Delete  
NAME **VPD**  
STREET ADDRESS **WHITE, ANDREA**  
CITY-ST-ZIP **5256 GRAND REGENCY BLVD  
BRANDON, FL 33510**

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **DAWSON, ANN**  
CITY-ST-ZIP **822 SOUTH ROME  
TAMPA, FL 33606**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **WACKSMAN, BEN**  
CITY-ST-ZIP **1903 S.CARDEN AS AVE  
TAMPA, FL 33629**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Andrew White*

*Andrea White - Vice Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #