


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2008 8:00 am
Secretary of State

07-01-2008 90001 009 ****70.00

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 P.O. BOX 10126 TAMPA, FL 33679-0126	
2. Principal Place of Business - No P.O. Box # 3924 W. Bay to Bay Suite, Apt. #, etc.		3. Mailing Address P.O. Box 10126 Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33629	Country USA	Zip 33679-0126	Country USA
4. FEI Number 59-3328377		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAWSON, ANN GILMAN 3301 BAYSHORE BLVD. APT 2307 TAMPA, FL 33629		7. Name and Address of New Registered Agent Name <u>BROWN LANITA</u> Street Address (P.O. Box Number is Not Acceptable) <u>734 CLIMATE DRIVE</u> City <u>BRANDON</u> <u>FL</u> Zip Code <u>33511</u>	
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 <u>LaNita Brown</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>06-26-2008</u>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, LANITA 734 CLIMATE DRIVE BRANDON, FL 33511	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITE, ANDREA 5256 GRAND REGENCY BLVD BRANDON, FL 33510	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAWSON, ANN 3301 BAYSHORE BLVD #2307 TAMPA, FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Norene Miller 225 W. Busch Blvd Tampa, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLATT, JANICE 3531 VILLAGE WAY TAMPA, FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>LaNita Brown</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>06-26-08</u> Daytime Phone # <u>813-653-9083</u>	