

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004700

FILED  
Mar 20, 2008  
Secretary of State

**Entity Name:** THE HILLSBOROUGH CONSORTIUM FOR TECHNOLOGY AND EDUCATION, INC.

**Current Principal Place of Business:**

2110 NORTH BOULEVARD  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

2110 NORTH BOULEVARD  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 31-1579966      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MERRITT, PATTI  
2110 NORTH BLVD.  
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: PD      ( ) Delete  
Name: GONZALEZ, MARY  
Address: 10701 STALLGATE DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: STD      ( ) Delete  
Name: WILSON, TERRY  
Address: 5101 RIVER BLVD  
City-St-Zip: TAMPA, FL 33603

Title: D      ( ) Delete  
Name: CLEMENTS, JEAN  
Address: 3134 W. COACHMAN AVENUE  
City-St-Zip: TAMPA, FL 33611

Title: MD      ( ) Delete  
Name: LUIACONI, CINDY  
Address: 12009 WANDSWORTH DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: VD      ( ) Delete  
Name: LUIACONI, CYNTHIA  
Address: 12009 WANDSWORTH DRIVE  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: STD      (X) Change ( ) Addition  
Name: LYONS, YVONNE  
Address: 503 LANTERN CIRCLE  
City-St-Zip: TEMPLE TERRACE, FL 33617 37

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

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

Title: VD      (X) Change ( ) Addition  
Name: FLEMMING, CHARLES  
Address: 1010 WILDROSE DRIVE  
City-St-Zip: LUTZ, FL 33549

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: CINDY LUIACONI

MD

03/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date