

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004836

FILED
Apr 30, 2009
Secretary of State

Entity Name: HILLSBOROUGH COUNTY UNITED S.C., INC.

Current Principal Place of Business:

14820 ED RADICE DRIVE
TAMPA, FL 33636 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 272051
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 57-1083546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, CHRIS
12414 HIDDEN BROOK DRIVER
TAMPA, FL 33624 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: MILLER, WAYNE
Address: 4311 HAWKS NEST DRIVE
City-St-Zip: LUTZ, FL 33558 US

Title: VD () Delete
Name: RISTAD, JOHN
Address: 14008 LAKE BLUFF COURT
City-St-Zip: TAMPA, FL 33624 US

Title: VD () Delete
Name: IURATO, TOM
Address: 4611 OLD SAYBROOK AVE
City-St-Zip: TAMPA, FL 33624 US

Title: TD () Delete
Name: PARKER, CHRIS
Address: 12414 HIDDEN BROOK DRIVE
City-St-Zip: TAMPA, FL 33624 US

Title: SD () Delete
Name: MACDONALD, AUDREY
Address: 9301 POST ROAD
City-St-Zip: ODESSA, FL 33556 US

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
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: CHRISTOPHER A. PARKER

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date