## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000005303

Entity Name: HILLSBOROUGH KIDS, INC.

FILED Mar 28, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1002 E. PALM AVE. SUITE 100 TAMPA, FL 33605

Current Mailing Address: New Mailing Address:

1002 E. PALM AVE. SUITE 100 TAMPA, FL 33605

FEI Number: 59-3622796 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KETCHEY, CHARLES F JR. TRENAM KEMKER 101 E. KENNEDY BLVD., SUITE 2700 TAMPA, FL 33602 US

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 T
 ( ) Delete
 Title:
 T
 (X) Change ( ) Addition

 Name:
 KETCHEY, CHARLES F
 Name:
 KETCHEY, CHARLES F

 Address:
 401 E. JACKSON STREET, SUITE 1700
 Address:
 101 E, KENNEDY BLVD., #2700

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:
 TAMPA, FL 33602

Title: C ( ) Delete Title: ( ) Change ( ) Addition Name: KENNEDY, LIZ Name:

 Name:
 KENNEUY, LIZ
 Name:

 Address:
 5718 GORDON AVENUE
 Address:

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:

Title: VC ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BERRY, ESTRELLITA
 Name:

 Address:
 7402 N. 56TH ST., SUITE 385
 Address:

 City-St-Zip:
 TAMPA, FL 33610
 City-St-Zip:

 $\label{eq:state_equation} \mbox{Title:} \qquad \mbox{S} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{S} \qquad \mbox{(X) Change () Addition}$ 

 Name:
 MURPHY, MINDY
 Name:
 GILETTE, MARY ELLEN

 Address:
 3917 SNAPPER POINTE DRIVE
 Address:
 1006 N. ARMENIA AVE.

 City-St-Zip:
 TAMPA, FL 336111030
 City-St-Zip:
 TAMPA, FL 33607

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: LIZ KENNEDY C 03/28/2008