2023 FLORIDA NOT FOR PROFI	T CORPORATION AME	NDED ANNUAL
REPORT		

DOCUMENT# N02000005099

Entity Name: HBCA FOUNDATION, INC.

Current Principal Place of Business:

1500 W. EAU GALLIE BLVD., STE.A-1 MELBOURNE, FL 32935

Current Mailing Address:

1500 W. EAU GALLIE BLVD., STE. A-2 MELBOURNE, FL 32935 US

FEI Number: 54-2064291

Name and Address of Current Registered Agent:

THOMAS, JOHN 1500 W EAU GALLIE BLVD MELBOURNE, FL 32935 US FILED Jan 23, 2023 Secretary of State 0698775221CC

Certificate of Status Desired: No

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	: JOHN THOMAS			01/23/2023
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	1ST VP	
Name	DIBELLA, ROBERT	Name	JAFFE, MICHAEL	
Address	SUITE A2	Address	SUITE A2	
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935	
Title	2ND VP	Title	SECRETARY	
Name	WILLIAMS, MASON	Name	KUNDE, KERRIE	
Address	SUITE A2	Address	STE. A-2	
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935	
Title	TREASURER	Title	PAST PRESIDENT	
Name	JOHNSON, NEAL	Name	SLATE, CHRISTINA	
Address	STE. A-2	Address	SUITE A2	
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935	
Title	PAST 2ND VP	Title	CEO	
Name	MCCARTHY, ANDREA	Name	THOMAS, JOHN	
Address	SUITE A2	Address	SUITE A2	
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935	

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: JOHN THOMAS	CEO	01/23/2023
	Electronic Oliverations of Oliverian Officer/Directory Datail	

Electronic Signature of Signing Officer/Director Detail

<u>ED ANNUAL</u> FI Jan 2 Secreta

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	BOGO, ANTHONY	Name	CABLE, DAVID
Address	1500 W. EAU GALLIE BLVD., STE.A-1	Address	1500 W. EAU GALLIE BLVD., STE.A-1
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935
Title	DIRECTOR	Title	DIRECTOR
Name	CARRAWAY, ROMAN	Name	CRISAFULLI, LUKE
Address	1500 W. EAU GALLIE BLVD., STE.A-1	Address	1500 W. EAU GALLIE BLVD., STE.A-1
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935
Title	DIRECTOR	Title	DIRECTOR
Name	HALAS, JIM	Name	JARNES, LARRY
Address	1500 W. EAU GALLIE BLVD., STE.A-1	Address	1500 W. EAU GALLIE BLVD., STE.A-1
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935
Title	DIRECTOR	Title	DIRECTOR
Name	LOCKE, TERRY	Name	MOIA, BRUCE
Address	1500 W. EAU GALLIE BLVD., STE.A-1	Address	1500 W. EAU GALLIE BLVD., STE.A-1
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935
Title Name Address City-State-Zip:	DIRECTOR ROSS, MEGAN 1500 W. EAU GALLIE BLVD. STE. A-1 MELBOURNE FL 32935	Title Name Address City-State-Zip:	DIRECTOR SPENCER, NATASHA 1500 W. EAU GALLIE BLVD., STE.A-1 MELBOURNE FL 32935