

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008358

Entity Name: HILLSBOROUGH ACADEMY OF MATH AND SCIENCE, PTSO, INC.**FILED**
Jan 27, 2014
Secretary of State
CC3187407010**Current Principal Place of Business:**9659 W WATERS AVENUE
TAMPA, FL 33635**Current Mailing Address:**12524 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071 US**FEI Number: 46-3722745****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STRADER, MICHAEL G
12524 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071 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**Officer/Director Detail :**

Title	P
Name	KALICHAK, ELIZABETH
Address	9659 W. WATERS AVENUE
City-State-Zip:	TAMPA FL 33635

Title	VP
Name	NADEL, SHANEY
Address	9659 W. WATERS AVENUE
City-State-Zip:	TAMPA FL 33635

Title	CS
Name	KISSEL, JO ANN
Address	9659 W. WATERS AVENUE
City-State-Zip:	TAMPA FL 33635

Title	RS
Name	CLERY, KRISTIN
Address	9659 W. WATERS AVENUE
City-State-Zip:	TAMPA FL 33635

Title	D
Name	HUBBARD, MISTY
Address	9659 W. WATERS AVENUE
City-State-Zip:	TAMPA FL 33635

Title	TREASURER
Name	POYNTER, KELLY K
Address	9659 W. WATERS AVENUE
City-State-Zip:	TAMPA FL 33635

Title	PRINCIPAL
Name	LUCAS, JENNIFER
Address	9659 W. WATERS AVENUE
City-State-Zip:	TAMPA FL 33635

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: JENNIFER LUCAS**PRINCIPAL****01/27/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date