

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13490 (0)

1. Corporation Name

HERNANDO COUNTY SHERIFF'S JUNIOR DEPUTY LEAGUE, INC.



Principal Place of Business	Mailing Address
18900 CORTEZ BLVD P O BOX 10070 (MAILING ADDRESS) BROOKSVILLE FL 34601-7070	18900 CORTEZ BLVD P O BOX 10070 (MAILING ADDRESS) BROOKSVILLE FL 34601-7070

3. Date Incorporated or Qualified 02/19/1986	3a. Date of Last Report 03/10/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-6019767	Applied For <input type="checkbox"/> Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	28	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**BIERWILER, FRANK
4526 DELTONA BLVD.
SPRING HILL FL 34806**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYLANDER, THOMAS A.	1.2 NAME	
STREET ADDRESS	18900 CORTEZ BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTISTA, RITA	2.2 NAME	Lucille Chrisafulle
STREET ADDRESS	205 SUNSET DRIVE	2.3 STREET ADDRESS	5408 Patricia Place
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	Weeki Wachee Spgs., FL 34607
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Sec'y/Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLEY, JOHN P.	3.2 NAME	Nancy Marino
STREET ADDRESS	4187 BAY RIDGE COURT	3.3 STREET ADDRESS	7463 Dearborn Avenue
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	Brooksville, FL 34613
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISAFULLE, LUCILLE	4.2 NAME	
STREET ADDRESS	5408 PATRICIA PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEEKI WACHEE SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, TED	5.2 NAME	
STREET ADDRESS	7508 SHEPHERD AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUYUS, JOSEPH	6.2 NAME	
STREET ADDRESS	6633 TREEHAVEN DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas A. Mylander **THOMAS A. MYLANDER** **2-17-96** **252-754-6230**
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

Additional Directors

Dick Buckingham 33449 Ohio Ave., Ridge Manor 34602	583-2441
Ed Cambridge 5308 Spring Hill Dr., Spring Hill 34606	688-9790
Ted Christensen 7508 Shepherd Ave., Spring Hill 34606	686-1031
Walter Dry P.O. Box 5143, Spring Hill 34606	686-1140
Dick Fehrenbach 10472 Monarch St., Spring Hill 34608	686-7897
Gus Guadagnino (Joni Industries) 16230 Aviation Loop Dr., Brooksville 34609	799-5456
John Hanley 4187 Bay Ridge Ct., Spring Hill 34606	683-3267
Eric Jude 528 Fieldstone Lane, Spring Hill 34606	686-0821
Bruce McElroy 8575 Electra Avenue, Brooksville 34613	597-2437
Chuck Miller 5157 Harbinger Rd., Spring Hill 34608	686-7587
James Walsh 21148 Marguerite Road, Brooksville 34601	754-8891
Jim Wiggins 15285 Brookridge Blvd., Brooksville 34613	596-3079
Joe Zuyus 2152 Meadow Lark Rd., Spring Hill 34608	683-0893