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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13490 (0)

1. Corporation Name
HERNANDO COUNTY SHERIFF'S JUNIOR DEPUTY LEAGUE, INC.

Principal Place of Business 18900 CORTEZ BLVD P O BOX 10070 (MAILING ADDRESS) BROOKSVILLE FL 34801-7070	Mailing Address 18900 CORTEZ BLVD P O BOX 10070 (MAILING ADDRESS) BROOKSVILLE FL 34801-3027
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 02/19/1986	3a. Date of Last Report 02/28/1996
4. FEI Number 59-6019767	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BIERWILER, FRANK
4528 DELTONA BLVD.
SPRING HILL FL 34806**

10. Name and Address of New Registered Agent

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MYLANDER, THOMAS A.	
STREET ADDRESS	18900 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CHRISAFULLE, LUCILLE	
STREET ADDRESS	5408 PATRICIA PLACE	
CITY-ST-ZIP	WEEKI WACHEE SPRINGS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MARINO, NANCY	
STREET ADDRESS	7463 DEARBORN AVENUE	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHRISAFULLE, LUCILLE	
STREET ADDRESS	5408 PATRICIA PLACE	
CITY-ST-ZIP	WEEKI WACHEE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, TED	
STREET ADDRESS	7508 SHEPHERD AVE.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZUYUS, JOSEPH	
STREET ADDRESS	6833 TREEHAVEN DRIVE	
CITY-ST-ZIP	SPRING HILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: **2-11-97** (352) 754-6830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

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