

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 709652 (2)

1. Corporation Name

HILLSBOROUGH COUNTY SHERIFF'S JUNIOR DEPUTIES LEAGUE, INC.



Principal Place of Business

2008-8TH AVENUE
P.O. BOX 3371
TAMPA FL 33601

Mailing Address

2008-8TH AVENUE
P.O. BOX 3371
TAMPA FL 33601

3. Date Incorporated or Qualified
09/24/1965

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

27 City & State

28

Zip

Country

24

25

29

30

4. FEI Number
59-6169879

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARRINGTON, FRED
2008 E. 8TH AVENUE
TAMPA FL 33605

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

Fred Carrington - chief Legal Counsel - Fred Carrington 1/24/96

Signature of person or persons authorized to register agent and pay fee (s)

DAY

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HENDERSON, CAL
STREET ADDRESS 2008 E. 8TH AVENUE
CITY-ST-ZIP TAMPA FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME BARROW, BRUCE J.
STREET ADDRESS 5725 NEBRASKA AVE
CITY-ST-ZIP TAMPA FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME CARRENO, ANGEL
STREET ADDRESS 124 LAKE DRIVE
CITY-ST-ZIP LUTZ FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME TAYLOR, JOE
STREET ADDRESS 8735 TWIN LAKES BLVD.
CITY-ST-ZIP TAMPA FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME NORTHROP, HOWARD
STREET ADDRESS 2008 E. 8TH AVENUE
CITY-ST-ZIP TAMPA FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Cal Henderson CAL HENDERSON

1/24/96

(813)

247-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAY

Daytime Phone #

CR2E037 (12/95)