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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90039 006 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 709652**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/24/1965

4. FEI Number

59-6169879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

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

*Ellen Leonard*

82 Street Address (P.O. Box Number is Not Acceptable)

*2008 G. 8th Ave.*

83

84 City

*Tampa*

FL

85 Zip Code

*33605*

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 *Ellen Leonard*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/2/99*

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

*2/2/99*

Daytime Phone #

CR2E037 (11/98)