

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N09773**

1. Entity Name  
**SHERIFE ASSOCIATION OF WEST TAMPA, INC.**



Principal Place of Business  
**4511 W CURTIS  
TAMPA, FL 33607 US**

Mailing Address  
**2214 LONG ST.  
TAMPA, FL 33605 US**



01112006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2608266**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GARCIA, CHARLES J  
2214 LONG ST.  
TAMPA, FL 33605**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CHILLURA, FRANK P
STREET ADDRESS	4529 W FERN
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	TD
NAME	GARCIA, CHARLES J
STREET ADDRESS	2214 LONG ST
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	SD
NAME	SANCHEZ, DAHLIA
STREET ADDRESS	314 RIVER POINT DR.
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	V
NAME	RODRIGUEZ, HENRY
STREET ADDRESS	306 N GOMEZ
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	TODD, ERNEST
STREET ADDRESS	13712 COUNTRY COURT DRIVE
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00000393553  
01/25/06-80025-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Charles J. Garcia, Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/06 813-248-9593  
Date Daytime Phone #