

# 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 # 731655 (7)**  
1. Corporation Name  
**THE HILLSBOROUGH COUNTY POLICE BENEVOLENT ASSOCIATION, INC.**



Principal Place of Business  
**1703 N.TAMPA ST., SUITE 8  
TAMPA FL 33602**

Mailing Address  
**1703 N.TAMPA ST., SUITE 8  
TAMPA FL 33602**

3. Date Incorporated or Qualified  
**01/15/1975**

3a. Date of Last Report  
**04/24/1995**

4. FEI Number  
**23-7444894**

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

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**STULL, JEFFREY ESO.  
602 SOUTH BLVD.  
TAMPA FL 33604**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
**300001744023**  
83. -03/15/96--01017--022  
84. City **\*\*\*70-00** **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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **SHEEHAN, ROBERT**  
STREET ADDRESS **11206 WHEELING DR.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **ST** ☐ DELETE  
NAME **DURKIN, KEVIN J.**  
STREET ADDRESS **9640 LAKE CHRISTINA LANE**  
CITY-ST-ZIP **PORT RICHEY FL**

TITLE **D** ☐ DELETE  
NAME **STALEY, JUDY R.**  
STREET ADDRESS **506 S. WILLOW #8**  
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **VP** ☐ DELETE  
NAME **THOMPSON, JIM**  
STREET ADDRESS **708 E. 129TH AVE.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **VP** ☐ DELETE  
NAME **DRISCOLL, PAUL J**  
STREET ADDRESS **11222 SHADYBROOK DR**  
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 **First Vice President** ☒ Change ☐ Addition  
2.2 NAME **Durkin, Kevin J.**  
2.3 STREET ADDRESS **9640 Lake Christina Ln.**  
2.4 CITY-ST-ZIP **Port Richey, FL**

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

4.1 TITLE **President** ☒ Change ☐ Addition  
4.2 NAME **Thompson, Jim**  
4.3 STREET ADDRESS **708 E. 129th Ave.**  
4.4 CITY-ST-ZIP **Tampa, FL**

5.1 TITLE **Secretary-Treasurer** ☒ Change ☐ Addition  
5.2 NAME **Driscoll, Paul J.**  
5.3 STREET ADDRESS **11222 Shadybrook Dr.**  
5.4 CITY-ST-ZIP **Tampa, FL**

6.1 TITLE **Second Vice President** ☐ Change ☒ Addition  
6.2 NAME **Charles Stanbro**  
6.3 STREET ADDRESS **6228 Boone Dr.**  
6.4 CITY-ST-ZIP **Tampa, FL 33625-1616**

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)