


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 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 # 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 33602-2601
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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		3. Date Incorporated or Qualified 01/15/1975		3a. Date of Last Report 03/14/1996	
				4. FEI Number 23-7444894		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent STULL, JEFFREY ESQ. 602 SOUTH BLVD. TAMPA FL 33604		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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	Second Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANBRO, CHARLES	1.2 NAME	
STREET ADDRESS	6228 BOONE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625-1616	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	First Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURKIN, KEVIN J.	2.2 NAME	
STREET ADDRESS	9640 LAKE CHRISTINA LANE	2.3 STREET ADDRESS	7301 Cobia Ln.
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	Hudson, FL 34667
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALEY, JUDY R.	3.2 NAME	
STREET ADDRESS	506 S. WILLOW #8	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JIM	4.2 NAME	
STREET ADDRESS	708 E. 129TH AVE.	4.3 STREET ADDRESS	6803 Mitchell Cr.
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33634
TITLE	STT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRISCOLL, PAUL J	5.2 NAME	
STREET ADDRESS	11222 SHADYBROOK DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Kevin Durkin VP *Kevin Durkin* 4/14/97

CR2E037 (9/96)