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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 731655

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



2. Principal Place of Business

21 Le605 N. Nebraska Ave

2a. Mailing Address

26 Le605 N. Nebraska Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip Country

24 33604 25

Zip Country

29 33604 30

3. Date Incorporated or Qualified

01/15/1975

4. FEI Number

23-7444894

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

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

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 VP
NAME STANBRO, CHARLES
STREET ADDRESS 6228 BOONE DR
CITY-ST-ZIP TAMPA FL

DELETE

TITLE VP
NAME DURKIN, KEVIN J.
STREET ADDRESS 7301 COBIA LN
CITY-ST-ZIP HUDSON FL

DELETE

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

DELETE

TITLE PD
NAME THOMPSON, JIM
STREET ADDRESS 6803 MITCHELL CR
CITY-ST-ZIP TAMPA FL

DELETE

TITLE STT
NAME DRISCOLL, PAUL J
STREET ADDRESS 11222 SHADYBROOK DR
CITY-ST-ZIP TAMPA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99 813-239-2677

CR2E037 (1/198)