2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006
Secretary of State

DOCUMENT# 731655

Entity Name: THE HILLSBOROUGH COUNTY POLICE BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

412 E MADISON ST SUITE 1102
TAMPA, FL 33602

New Principal Place of Business:

412 E MADISON ST
SUITE 1102
TAMPA, FL 33602

Current Mailing Address:

412 E MADISON ST SUITE 1102
TAMPA, FL 33602

New Mailing Address:

412 E MADISON ST
SUITE 1102
TAMPA, FL 33602

FEI Number: 23-7444894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STULL, JEFFREY ESQ.
602 SOUTH BLVD.
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DURKIN, KEVIN J
Address: 6605 N. NEBRASKA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: V ( ) Delete
Name: SWOPE, JOHN
Address: 6605 N. NEBRASKA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: T ( ) Delete
Name: BRADFORD, GARY H
Address: 6605 N. NEBRASKA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DURKIN, KEVIN J
Address: 412 E MADISON ST., SUITE 1102
City-St-Zip: TAMPA, FL 33602

Title: V (X) Change ( ) Addition
Name: SWOPE, JOHN
Address: 412 E MADISON ST., SUITE 1102
City-St-Zip: TAMPA, FL 33602

Title: T (X) Change ( ) Addition
Name: BRADFORD, GARY H
Address: 412 E MADISON ST., SUITE 1102
City-St-Zip: TAMPA, FL 33602

Title: S ( ) Change (X) Addition
Name: HENSON, JOSEPH
Address: 412 E MADISON ST., SUITE 1102
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE COLLINS ADM 01/23/2006

Electronic Signature of Signing Officer or Director — Date