

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
 AMOUNT DUE ON OR BEFORE 8/7/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

96 OCT 30 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747377 (0)
 1. Corporation Name
 HILLSBOROUGH COUNTY SHERIFF'S SERTOMA, INC.

Principal Place of Business: 2008 E. 8TH AVENUE TAMPA FL 33605
 Mailing Address: 2008 E. 8TH AVENUE TAMPA FL 33605

3. Date Incorporated or Qualified: 05/25/1979
 3a. Date of Last Report: 12/11/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. City & State (27) Zip (28) Country (29)

4. FEI Number: 59-2503463
 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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
 DIAZ, BECKY
 2008 E. 8TH AVE
 TAMPA FL 33605

10. Name and Address of New Registered Agent
 01 Name
 02 Street Address (P.O. Box Number is Not Acceptable)
 03
 04 City FL 05 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: Becky Diaz DATE: 10-25-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MIKE CONIGLIARO	
STREET ADDRESS	2008 E. 8TH AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	EILEEN PEABODY	
STREET ADDRESS	2008 E. 8TH AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BECKY DIAZ	
STREET ADDRESS	2008 E. 8TH AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BETTY PAZ	
STREET ADDRESS	2008 E. 8TH AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEBBIE CARTER	
STREET ADDRESS	2008 E. 8TH AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESLEY, JOHN	
STREET ADDRESS	10009 E. SLIGH AVE.	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JERRY LEGGETT	
1.3 STREET ADDRESS	2008 E 8TH AVENUE	
1.4 CITY-ST-ZIP	TAMPA FL 33605	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANGELA LEGGETT	
2.3 STREET ADDRESS	2008 E 8TH AVENUE	
2.4 CITY-ST-ZIP	TAMPA FL 33605	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EDITH FREEMAN	
3.3 STREET ADDRESS	2008 E 8TH AVENUE	
3.4 CITY-ST-ZIP	TAMPA FL 33605	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	500001997295-4	
4.3 STREET ADDRESS	-11/06/96--01025--027	
4.4 CITY-ST-ZIP	236 25 236 25	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(h), 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: Becky Diaz DATE: 9-24-96
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

CR2137 (3/96)