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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752490** (3)

1. Corporation Name

**SEMINOLE COUNTY SHERIFF'S DEPARTMENT EMPLOYEES B  
ENEFIT FUND, INC.**

Principal Place of Business

Mailing Address

**1345 28TH STREET  
SANFORD FL 32773**

**1345 28TH STREET  
SANFORD FL 32773-9307**



3. Date Incorporated or Qualified  
**05/14/1980**

3a. Date of Last Report  
**03/04/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANCHEZ, J. ALFRED  
1345 28TH ST  
SANFORD FL 32773**

81 Name

**Marshalllyn Phillips**

82 Street Address (P.O. Box Number is Not Acceptable)

**1345 28th St.**

83

84 City

**Sanford**

**FL**

85 Zip Code

**32773**

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

*Marshalllyn J. Phillips*  
Signature, typed or printed name of registered agent and title if applicable

*Marshalllyn J. Phillips president*  
(NOTE: Registered Agent signature required when reinstating)

**04-07-97**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **VD RANKIN, JOHN**  
STREET ADDRESS **3343 HOWARD BLVD**  
CITY - ST - ZIP **LONGWOOD FL**

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

TITLE ☐ DELETE  
NAME **STD BLAIR, SYLVIA**  
STREET ADDRESS **29 MORNING GLORY DR**  
CITY - ST - ZIP **DEBARY FL**

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

TITLE ☒ DELETE  
NAME **PD SANCHEZ, AL**  
STREET ADDRESS **3305 HORSESHOE DR**  
CITY - ST - ZIP **LONGWOOD FL**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE **PD** ☐ Change ☒ Addition  
4.2 NAME **Marshalllyn Phillips**  
4.3 STREET ADDRESS **4356 Rocky Ridge Place**  
4.4 CITY - ST - ZIP **Sanford, FL 32773**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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:

*Sylvia Blair*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0014748**

CR2E037 (9/96)