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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N13490

1. Corporation Name

HERNANDO COUNTY SHERIFF'S JUNIOR DEPUTY LEAGUE,
INC.

Principal Place of Business

18900 CORTEZ BLVD
BROOKSVILLE FL 34601
US

Mailing Address

P O BOX 10070
BROOKSVILLE FL 34603-0070
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/19/1986

4. FEI Number

59-6019767

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

DEANNA K DAMMER
18900 CORTEZ BLVD
BROOKSVILLE FL 34601

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 Deanna Dammer (DEANNA DAMMER)

02-02-99

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 PD
NAME MYLANDER, THOMAS A.
STREET ADDRESS 18900 CORTEZ BLVD
CITY-ST-ZIP BROOKSVILLE FL

DELETE

TITLE VPD
NAME CHRISAFULLE, LUCILLE
STREET ADDRESS 5408 PATRICIA PLACE
CITY-ST-ZIP WEEKI WACHEE SPRINGS FL

DELETE

TITLE TD
NAME WALSH, JAMES
STREET ADDRESS 21148 MARGUERITE RD
CITY-ST-ZIP BROOKSVILLE FL 34601

DELETE

TITLE SD
NAME ZUYUS, JOE
STREET ADDRESS 2151 MEADOWLARK LN
CITY-ST-ZIP SPRING HILL FL 34608

DELETE

TITLE D
NAME CHRISTENSEN, TED
STREET ADDRESS 7508 SHEPHERD AVE.
CITY-ST-ZIP SPRING HILL FL

DELETE

TITLE D
NAME ~~ZUYUS, JOSEPH~~
STREET ADDRESS ~~6633 TREEHAVEN DRIVE-~~
CITY-ST-ZIP ~~SPRING HILL FL~~

☒ 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

D
Louise Lusk
6801 E. Richard Dr.
Spring Hill, FL 34607

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 REQUIRED THOMAS A. MYLANDER
02-04-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-
754-6830

CR2E037 (11/98)