

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N39541 (0)

1. Corporation Name

THE HOMICIDE SURVIVORS SUPPORT GROUP OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business

3401 HEITER ST.
TAMPA FL 33607

Mailing Address

3401 HEITER ST.
TAMPA FL 33607



3. Date Incorporated or Qualified
08/01/1990

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOTO, DAISY
3401 HEITER ST.
TAMPA FL 33607

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

DAISY NOTO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

3-30-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GARRETT, GLENDA
STREET ADDRESS 11408 WALKER RD.
CITY - ST - ZIP THONOTOSASSA FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME SHARPE, HERMAN
STREET ADDRESS 3305 W. BEAUMONT ST.
CITY - ST - ZIP TAMPA FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME SHARPE, REIKO
STREET ADDRESS 3305 W. BEAUMONT ST.
CITY - ST - ZIP TAMPA FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME CARTER, GENE
STREET ADDRESS 646 MARPHILL LOOP
CITY - ST - ZIP BRANDON FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME NOTO, DAISY
STREET ADDRESS 3401 HEITER ST.
CITY - ST - ZIP TAMPA FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME CALLAN, JOSEPH P.
STREET ADDRESS 5208 E. FOWLER AVE. SUITE E
CITY - ST - ZIP TAMPA FL

☐ DELETE

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

☐ Change ☐ Addition

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)(k), 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:

DAISY NOTO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/96 (813) 87716890
Date Daytime Phone #

CR2E037 (12/95)