

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90059 022 ****61.25

0049999

DOCUMENT # N39541

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



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

08/01/1990

4. FEI Number

65-0221032

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

NOTO, DAISY
3401 HEITER ST.
TAMPA FL 33607

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4-11-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HENDERSON, GLENDA G

STREET ADDRESS 11408 WALKER RD.

CITY-ST-ZIP THONOTOSASSA FL

TITLE ☐ DELETE

NAME SHARPE, HERMAN

STREET ADDRESS 3305 W. BEAUMONT ST.

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME SHARPE, REIKO

STREET ADDRESS 3305 W. BEAUMONT ST.

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME CARTER, GENE

STREET ADDRESS 646 MARPHILL LOOP

CITY-ST-ZIP BRANDON FL

TITLE ☐ DELETE

NAME NOTO, DAISY

STREET ADDRESS 3401 HEITER ST.

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME CALLAN, JOSEPH P.

STREET ADDRESS 12210 N 56TH ST

CITY-ST-ZIP TAMPA FL 33617

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-99 (813) 8776890

CR2E037 (11/98)