


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39541</b> 1. Entity Name <b>THE HOMICIDE SURVIVORS SUPPORT GROUP OF HILLSBOROUGH COUNTY, INC.</b>	
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Principal Place of Business <b>3401 HEITER ST. TAMPA, FL 33607</b>	Mailing Address <b>3401 HEITER ST. TAMPA, FL 33607</b>
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**DO NOT WRITE IN THIS SPACE**



02282005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0221032</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>NOTO, DAISY 3401 HEITER ST. TAMPA, FL 33607</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENDERSON, GLENDA G 11408 WALKER RD. THONOTOSASSA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHOEMAKER, MADELINE 16255 NORTHDAL OAKS TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENDERSON, MICHAEL 11408 WALKER RD. THONOTOSASSA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOTO, JOSEPHINE 3401 HEITER ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOTO, DAISY 3401 HEITER ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALLAN, JOSEPH P 12210 N 56TH ST TAMPA, FL 33617

U00000254979  
03/07/05-80096-011 \$1.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <i>Daisy Noto</i> <b>DAISY NOTO</b>	<b>3-2-05</b>	<b>(813) 877 6890</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>