

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 # **N42787** (4)

1. Corporation Name
EAST HILLSBOROUGH LAW ENFORCEMENT APPRECIATION ASSOCIATION, INC.



Principal Place of Business
POD "N"
PLANT CITY FL 33564

Mailing Address
POD "N"
PLANT CITY FL 33564

3. Date Incorporated or Qualified: **04/01/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **4203 N Stanley Rd**
22 **Plant City FL**
23 **Plant City FL**
24 **33565** 25 **USA**

2a. Mailing Address
26 **4203 N Stanley Rd**
27 **Plant City FL**
28 **Plant City FL**
29 **33565** 30 **USA**

4. FEI Number: **59-3061567**
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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MARINO, PAUL J. ESQ
4809-A EHRLICH RD
TAMPA FL 33624

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PDC	<input checked="" type="checkbox"/>
NAME	PAGE, JOHNNY DEAN	
STREET ADDRESS	5850 HARVEY TEW RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VD	<input type="checkbox"/>
NAME	SWINDLE, ED	
STREET ADDRESS	102 N 20 ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	RUGANIS, LEE	
STREET ADDRESS	2005 W SANDALWOOD DR N	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	WEAVER, DANA	
STREET ADDRESS	3215 STEVENSON AVE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/>
NAME	CAIN, LISA	
STREET ADDRESS	POB 2191	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/>
NAME	CASSELS, KEN	
STREET ADDRESS	POD 1869	
CITY-ST-ZIP	PLANT CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	DeLisle, Terry		
1.3 STREET ADDRESS	4203 N. Stanley Rd		
1.4 CITY-ST-ZIP	Plant City FL 33565		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Joyce Maloney		
3.3 STREET ADDRESS	1303 1/1 Park Rd		
3.4 CITY-ST-ZIP	Plant City FL 33566		
4.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Griffin, Robert		
4.3 STREET ADDRESS	3802 Murray Farms Rd		
4.4 CITY-ST-ZIP	Plant City FL 33567		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: Terry DeLisle Terry DeLisle 4/28/96 813-986-5840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)