

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 24 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1997**



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

**DOCUMENT # N42787 (4)**  
 1. Corporation Name  
**EAST HILLSBOROUGH LAW ENFORCEMENT APPRECIATION ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**4203 M STANLEY RD  
 PLANT CITY FL 33565  
 US**      **4203 N STANLEY RD  
 PLANT CITY FL 33565-9745  
 US**

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      28. Zip      Country      30. Country

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/01/1991**      **05/01/1996**

4. FEI Number       Applied For  
**59-3061567**       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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC DELISLE, TERY 4203 N. STANLEY RD PLANT CITY FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD SWINDLE, ED 102 N 20 ST TAMPA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	SD JOYCE MALONEY 1303 N PARK RD PLANT CITY FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	TD GRIFFIN, ROBERT 3802 MURRAY FORMS RD PLANT CITY FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D CAIN, LISA POB 2191 N/A PLANT CITY FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D CASSELS, KEN POD 1869 N/A PLANT CITY FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE *Robert L. Griffin* **ROBERT L. GRIFFIN**      1/26/97      813-752-2379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # 0046099

CR2E037 (9/96)