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Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morahan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002635 (8)

1. Corporation Name

SHERIFF'S HISPANIC ADVISORY COUNCIL INC.



Principal Place of Business

Mailing Address

3124 TAMPA BAY BOULEVARD  
TAMPA FL 33607-66143124 TAMPA BAY BOULEVARD  
TAMPA FL 33607-6614

3. Date Incorporated or Qualified

05/17/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; 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

LOBATO, NORMA  
3124 TAMPA BAY BOULEVARD  
TAMPA FL 33607-6614

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P / D ☐ DELETENAME LOBATO, MANUEL  
STREET ADDRESS 3124 TAMPA BAY BOULEVARD  
CITY - ST - ZIP TAMPA FL 33607-66141.1 TITLE ☐ Change ☐ Addition

NAME LOBATO, MANUEL

1.2 NAME

STREET ADDRESS 3124 TAMPA BAY BOULEVARD

1.3 STREET ADDRESS

CITY - ST - ZIP TAMPA FL 33607-6614

1.4 CITY - ST - ZIP

TITLE V / D ☐ DELETENAME TOSCA, ADALBERTO D  
STREET ADDRESS 4023 NORTH ARMENIA AVENUE  
CITY - ST - ZIP TAMPA FL2.1 TITLE ☐ Change ☐ Addition

NAME TOSCA, ADALBERTO D

2.2 NAME

STREET ADDRESS 4023 NORTH ARMENIA AVENUE

2.3 STREET ADDRESS

CITY - ST - ZIP TAMPA FL

2.4 CITY - ST - ZIP

TITLE Y ☒ DELETENAME MARTINEZ, JOSEPH A  
STREET ADDRESS 11804 SUNSWEEP PLACE  
CITY - ST - ZIP TAMPA FL 336243.1 TITLE ☒ Change ☐ Addition

NAME MARTINEZ, JOSEPH A

3.2 NAME

STREET ADDRESS 11804 SUNSWEEP PLACE

3.3 STREET ADDRESS

CITY - ST - ZIP TAMPA FL 33624

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

4.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

4.2 NAME

CITY - ST - ZIP

4.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

5.2 NAME

CITY - ST - ZIP

5.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME

CITY - ST - ZIP

6.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

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:

Adalberto D. Tosca

1/29/97

813) 879-0229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047533

CR2E037 (9/96)