

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1998 8:00am  
Secretary of State

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # **N96000002635 (8)**

1. Corporation Name

**SHERIFF'S HISPANIC ADVISORY COUNCIL INC.**



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| Principal Place of Business<br><b>3124 TAMPA BAY BOULEVARD<br/>TAMPA FL 33607-6614</b> | Mailing Address<br><b>3124 TAMPA BAY BOULEVARD<br/>TAMPA FL 33607-6614</b> |
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|--|------------------------------------|---|
| 3. Date Incorporated or Qualified<br><b>05/17/1996</b> | 4. FEI Number<br><b>59-3384069</b> | Applied For<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> Not Applicable |
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|--|---|
| 2. Principal Place of Business<br>21 <b>2008-8<sup>TH</sup> AVENUE</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>TAMPA, FLA.</b><br>Zip<br>24 <b>33605</b> | 2a. Mailing Address<br>25 <b>P.O. Box 3371</b><br>Suite, Apt. #, etc.<br>26<br>City & State<br>27 <b>TAMPA, FLA.</b><br>Zip<br>28 <b>33601</b><br>Country<br>29 <b>HILLSBOROUGH</b> |
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| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

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| 6. Name and Address of Current Registered Agent<br><b>LOBATO, NORMA<br/>3124 TAMPA BAY BOULEVARD<br/>TAMPA FL 33607-6614</b> | 10. Name and Address of New Registered Agent<br>81 Name <b>LORENA Bitetto</b><br>82 Street Address (P.O. Box Number is Not Acceptable) <b>2008-8<sup>TH</sup> AVENUE</b><br>83<br>84 City <b>TAMPA</b> FL 85 Zip Code <b>33605</b> |
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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 *Lorena Bitetto* (LORENA Bitetto) 2-3-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating) DATE

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LOBATO, MANUEL<br>3124 TAMPA BAY BOULEVARD<br>TAMPA FL 33607-6614 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | PD<br>PALERMO, DELIA<br>1602 MAGDALENE MANOR DRIVE<br>TAMPA, FL 33613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>TOSCA, ADALBERTO D<br>4023 NORTH ARMENIA AVENUE<br>TAMPA FL <input checked="" type="checkbox"/> DELETE       | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | VD<br>MANUEL G. ALVAREZ, JR.<br>4603 WISHART BLVD,<br>TAMPA, FLA. 33603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>THORPE, LINDA A<br>18119 DEW DROP LANE<br>TAMPA FL 33625 <input type="checkbox"/> DELETE                     | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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.

SIGNATURE: *Delia Palermo* *Agencia* *2-3-98* *33613*

CR2E037 (10/97)