

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000002635

1. Entity Name

SHERIFF'S HISPANIC ADVISORY COUNCIL INC.



Principal Place of Business

2008 8TH AVENUE
TAMPA, FL 33605 US

Mailing Address

9320 EXPOSITION DRIVE
TAMPA, FL 33624 US



01162006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3384069

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BITETTO, LORENA
9320 EXPOSITION DRIVE
TAMPA, FL 33624

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IN THIS SPACE**

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

Lorena Bitetto

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

(NOTE: Registered Agent signature required when reinstating)

2-28-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ASTORQUIZA, MARITZA
STREET ADDRESS 4819 N HALE AVE
CITY-ST-ZIP TAMPA, FL 33614

TITLE VPD
NAME LOBATO, NORMA
STREET ADDRESS 3124 TAMPA BAY BLVD
CITY-ST-ZIP TAMPA, FL 33607

TITLE SD
NAME BITETTO, LORENA
STREET ADDRESS 9320 EXPOSITION DRIVE
CITY-ST-ZIP TAMPA, FL 33624

TITLE TD
NAME THORPE, LINDA A
STREET ADDRESS 7819 N DALE MABRY HWY STE 208
CITY-ST-ZIP TAMPA, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

00000433787
0018210-00047-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

Linda A. Thorpe Linda A. Thorpe 2/28/06 813 781-8959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #