

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90015 048 ****61.25

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1. Entity Name
SHERIFF'S HISPANIC ADVISORY COUNCIL INC.



Principal Place of Business
**2008 8TH AVENUE
TAMPA, FL 33605 US**

Mailing Address
**7819 N. DALE MABRY HWY
SUITE 108
TAMPA, FL 33614 US**

4004344



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3384069

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THORPE, LINDA A
7819 N. DALE MABRY HWY
SUITE 108
TAMPA, FL 33614**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD ☒ Change ☐ Addition
NAME Linda A. Thorpe
STREET ADDRESS 7819 N. Dale Mabry Hwy Suite 108
CITY-ST-ZIP TAMPA FL 33614

TITLE VPD ☒ Delete
NAME LEFLER, EMILIO
STREET ADDRESS 8428 BOXWOOD DR
CITY-ST-ZIP TAMPA, FL 33615

TITLE VPD ☒ Change ☐ Addition
NAME Jeanette Palencia
STREET ADDRESS 4117 E. Fowler Ave
CITY-ST-ZIP Tampa FL 33617

TITLE SD ☒ Delete
NAME MARTIN, IDANIA
STREET ADDRESS 5815 N. DALE MABRY
CITY-ST-ZIP TAMPA, FL 33614

TITLE SD ☒ Change ☐ Addition
NAME Norma Lobato
STREET ADDRESS 3124 W. Tampa Bay Blvd
CITY-ST-ZIP TAMPA FL 33607

TITLE TD ☒ Delete
NAME THORPE, LINDA A
STREET ADDRESS 7819 DALE MABRY HWY STE 108
CITY-ST-ZIP TAMPA, FL 33614

TITLE TD ☒ Change ☐ Addition
NAME James Fand
STREET ADDRESS 5906 Johns Rd
CITY-ST-ZIP Tampa FL 33624

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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* *3/19/08* *813 933-5051*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #