2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002635

FILED Jul 08, 2009 Secretary of State

Entity Name: SHERIFF'S HISPANIC ADVISORY COUNCIL INC.

Current Principal Place of Business: New Principal Place of Business:

2008 8TH AVENUE TAMPA, FL 33605 US

Current Mailing Address: New Mailing Address:

7819 N. DALE MABRY HWY 5364 EHRLICH ROAD SUITE 108 SUITE 106 TAMPA, FL 33614 TAMPA, FL 33624 US US

FEI Number: 59-3384069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THORPE, LINDA A SEGOVIA, ARLENE R 5364 EHRLICH ROAD 7819 N. DALE MABRY HWY SUITE 108 SUITE 106 TAMPA, FL 33614 US TAMPA, FL 33624 US

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.

SIGNATURE: ARLENE SEGOVIA 07/08/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

THORP, LINDA A MOREJON, ANTHONY Name: Name: 7819 N. DALE MABRY HWY SUITE 108 Address: 5364 EHRLICH ROADY #106 Address:

TAMPA, FL 33614 TAMPA, FL 33624

City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition PALENCIA, JEANETTE Name: SEGOVIA, ARLENE Name: Address: Address:

4177 E. FOWLER AVE 5364 EHRLICH ROAD #106 City-St-Zip: TAMPA, FL 33617 City-St-Zip: TAMPA, FL 33624

Title: () Delete Title: SD (X) Change () Addition LABATA, NORMA Name: WHELIHAN, JENNIFER Name:

3124 W. TAMPA BAY BLVD 5364 EHRLICH ROAD #106 Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33624

() Delete Title: TD Title: TD (X) Change () Addition Name: FAND, JAMES Name: MOREJON, ANA

5906 JOHNS RD Address: Address: 5364 EHRLICH ROAD #106

City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLENE SEGOVIA **VP** 07/08/2009