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FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726551

1. Corporation Name

PASCO Police Athletic League

Principal Place of Business

Mailing Address

8700 Citizens Dr.
New Port Richey Fl
34654

3. Date Incorporated or Qualified

5-28-73

3a. Date of Last Report

2/96

2. Principal Place of Business

21

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

24

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Country

8700 Citizen Dr.

Suite, Apt. #, etc.

New Port Richey Fl

34654

PASCO

4. FEI Number

59-1859886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Cannon, Lee
8700 Citizen, Drive
New Port Richey, Florida
34654

10. Name and Address of New Registered Agent

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

Lee Cannon

Lee Cannon, Executive Director

4/15/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPO	☐ DELETE
NAME	ted mounts	
STREET ADDRESS	8200 Tanglewood Dr.	
CITY- ST- ZIP	New Port Richey, Fl. 34668	
TITLE	PD	☐ DELETE
NAME	KAY Odell	
STREET ADDRESS	16547 Richlam Lane	
CITY- ST- ZIP	Spring Hill, Fl. 34610	
TITLE	VPO	☐ DELETE
NAME	Miles Darnell	
STREET ADDRESS	12621 Abby Drive	
CITY- ST- ZIP	Dade City, Fl. 33525	
TITLE	TD	☐ DELETE
NAME	Debbie Welch	
STREET ADDRESS	6516 Van Buren Ct.	
CITY- ST- ZIP	New Port Richey, Fl. 34654	
TITLE	SD	☐ DELETE
NAME	Debbie Kinder	
STREET ADDRESS	13100 Squire Ct.	
CITY- ST- ZIP	Hudson, Fl. 34668	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	Executive Director
6.3 STREET ADDRESS	Lee Cannon
6.4 CITY- ST- ZIP	8700 Citizens Dr. New Port Richey, FL 34654

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAY Odell KAY Odell

4/12/97 813-8563203

Date

Daytime Phone #

CR2E037 (9/96)