## FILE NOW: FILING FEE IS \$61.25

8700 CITIZENS DR.

**NEW PORT RICHEY FL 34654** 

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

**FILED** NONPROFIT FLORIDA DEPARTMENT OF STATE Feb 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 Secretary of State DOCUMENT #
1. Corporation Name 726551 (5) PASCO POLICE ATHLETIC LEAGUE. INC. Principal Place of Business Mailing Address 8700 CITIZENS DR 8700 CITIZENS DR 3. Date Incorporated or Qualified NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34654 05/28/1973 4. FEI Number Applied For 59-1859886 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Ø 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? No Mg 23 28 ☐ Yes Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CANNON, LEE 82 Street Address (P.O. Box Number is Not Acceptable) 8700 CITIZEN DRIVE 83 **NEW PORT RICHEY FL 34654** Zip Code 11. Pursuent 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 of for 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 ramiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGN 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE VPD DELETE 1.1 TITLE Change \_\_\_ Addition TED MOUNTS NAME 1.2 NAME 8200 TANGLE WOOD DR STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL 34669** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 4 Change TITLE PD Kenneth Welch 2.1 TITLE Addition NAME ODELL, KAY 2.2 NAME 6516 Van Buren Street 16547 RICHLOAM LANE STREET ADDRESS 2.3 STREET ADDRESS SPRING HILL FL 34610 ew Port Richey Fl. 34 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME WELCH, DEBBIE 3.2 NAME 6516 VAN BUREN CT. STREET ADDRESS 3.3 STREET ADDRESS **NEW PORT RICHEY FL 34654** CITY-ST-ZIP 3.4. CITY-ST-ZIP \_\_\_ DELETE TITLE 4.1 TITLE Change ☐ Addition NAME MILES, DARNELL 4.2 NAME 12621 ABBY DRIVE STREET ADDRESS 4.3 STREET ADDRESS DADE CITY FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition Emily Tirrell 3504 Connon Drive KINDER, DEBBIE NAME 5.2 NAME 13106 SQUIRE CT. STREET ADDRESS 5.3 STREET ADDRESS HUDSON FL 34668 CITY-ST-ZIP 5.4 CITY-ST-ZIP Port Richey TITLE DELETE Change 6.1 TITLE Addition CANNON, LEE NAME 6.2 NAME

6.3 STREET ADDRESS

1-20-98

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.

ERINATURE FROM RED.

**CR2E037**