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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726551**

1. Corporation Name
PASCO POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business	Mailing Address
8700 CITIZENS DR NEW PORT RICHEY FL 34654	8700 CITIZENS DR NEW PORT RICHEY FL 34654

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/28/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1859886 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CANNON, LEE
8700 CITIZEN DRIVE
NEW PORT RICHEY FL 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 Debbie Welch – Treasurer (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE 1-14-99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TED MOUNTS		1.2 NAME		
STREET ADDRESS	8200 TANGLE WOOD DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34669		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WELCH, KLENNETH		2.2 NAME		
STREET ADDRESS	6516 VAN BUREN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		2. 4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WELCH, DEBBIE		3.2 NAME		
STREET ADDRESS	6516 VAN BUREN ~~CT~~ Street		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		3.4. CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	4.1 TITLE	VPD	☐ Change ☒ Addition
NAME	MILES, DARNELL		4. 2 NAME	Bob Ryan	
STREET ADDRESS	12621 ABBY DRIVE		4.3 STREET ADDRESS	3710 Simpson Ct	
CITY-ST-ZIP	DADE CITY FL		4.4 CITY-ST-ZIP	Palm Harbor FL 34684	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TIRRELL, EMILY		5.2 NAME		
STREET ADDRESS	3504 CONNON DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		5.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CANNON, LEE		6.2 NAME		
STREET ADDRESS	8700 CITIZENS DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Debbie Welch Treasurer 1-14-99 727-846-0992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED