2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726551

Entity Name: PASCO POLICE ATHLETIC LEAGUE, INC.

Apr 03, 2004 Secretary of State

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

8700 CITIZENS DR

NEW PORT RICHEY, FL 34654

Current Mailing Address: New Mailing Address:

8700 CITIZENS DR

NEW PORT RICHEY, FL 34654

FEI Number: 59-1859886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WHITE, R.L. BOB 8700 CÍTIZEN DRIVE

NEW PORT RICHEY, FL 34654 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

() Delete KLEIN, JAMES Name:

8910 CESSNA DRIVE Address:

City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: PD () Delete MOUNTS, TED Name: Address: 8200 TANGLEWOOD DR.

City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VPD () Delete TIRRELL, KYLE Name:

Address: 6524 LENOIR DR City-St-Zip: PORT RICHEY, FL 34668

Title: VPD () Delete RYAN, BOB Name:

3710 SIMPSON CT Address: City-St-Zip: PALM HARBOR, FL 34684

Title: () Delete BROCHU, LAURA Name:

7921 GRIMBSY LN Address:

City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Delete WHITE, R.L. BOB Name:

Address: 8700 CITIZENS DR. NEW PORT RICHEY, FL 34654 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

KARY, CHRISTINE Name: Address: 8007 HATHAWAY DR

City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: (X) Change () Addition

Name: RYAN, BOB Address: 12020 GENTER DR City-St-Zip: SPRING HILL, FL 34609 US

Title: VPD (X) Change () Addition

LENNY, ANNE Name:

15700 WAXWEED AVEW Address: City-St-Zip: SPRING HUILL, FL 34610

(X) Change () Addition Title: VPD

Name: KENNEDY, KEN 7212 CLOUCHESTER CT Address: City-St-Zip: HUDSON, FL 34667

Title: (X) Change () Addition

SIMPSON, CINDY Name: 18040 MANTENO DR Address: City-St-Zip: SPRING HILL, FL 34609

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRIS KARY DT 04/03/2004