2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# 726551

Entity Name: PASCO POLICE ATHLETIC LEAGUE, INC.

Current Principal Place of Business:

8700 CITIZENS DR
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

8700 CITIZENS DR
NEW PORT RICHEY, FL 34654

New Mailing Address:

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

Name and Address of Current Registered Agent:

WHITE, R.L. BOB
8700 CITIZEN DRIVE
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

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:

Title:	TD	( ) Delete
Name:	KARY, CHRISTINE	
Address:	8007 HATHAWAY DR	
City-St-Zip:	NEW PORT RICHEY, FL 34654 US	
Title:	PD	( ) Delete
Name:	RYAN, BOB	
Address:	12020 GENTER DR	
City-St-Zip:	SPRING HILL, FL 34609 US	
Title:	VPD	( ) Delete
Name:	LENNY, ANNE	
Address:	15700 WAXWEED AVEW	
City-St-Zip:	SPRING HUILL, FL 34610	
Title:	VPD	( ) Delete
Name:	KENNEDY, KEN	
Address:	7212 CLOUCHESTER CT	
City-St-Zip:	HUDSON, FL 34667	
Title:	SD	( ) Delete
Name:	SIMPSON, CINDY	
Address:	18040 MANTENO DR	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	ED	( ) Delete
Name:	WHITE, R.L. BOB	
Address:	8700 CITIZENS DR.	
City-St-Zip:	NEW PORT RICHEY, FL 34654	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	DEARSMAN, DOLLIE	
Address:	9435 WEEPING WILLOW LN	
City-St-Zip:	PORT RICHEY, FL 34668	
Title:	VPD	(X) Change ( ) Addition
Name:	KLEIN, JAMES	
Address:	8910 CESSNA CR	
City-St-Zip:	NEW PORT RICHEY, FL 34654	
Title:	SD	(X) Change ( ) Addition
Name:	BRITT, APRIL	
Address:	10129 BRIAR CIRCLE	
City-St-Zip:	HUDSON, FL 34667	
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: CHRISTINE KARY TD 04/06/2005

Electronic Signature of Signing Officer or Director — Date