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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001876 (2)

1. Corporation Name
SEMINOLE COUNTY POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business	Mailing Address
1345 28TH STREET SANFORD FL 32773	1345 28TH STREET SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1993
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-3196445 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 Sem. Co. Sheriff offic	2a. Mailing Address 26 1345 28th ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sanford, FLA	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEWART, FRANCIS M 1345 28TH STREET SANFORD FL 32773	61 Name: F.M. Stewart 62 Street Address (P.O. Box Number is Not Acceptable): 1345 28th Street 63: Sanford, Florida 32773 64 City: FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: F.M. Stewart — F.M. STEWART — 26 Apr 95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EP		1.1 TITLE	EVP	☒ Change ☐ Addition
NAME	MEDLEY, DAVID	D	1.2 NAME	MCCLELLAND, KATHY	(Resigned)
STREET ADDRESS	581 NEW ENGLAND CT #103		1.3 STREET ADDRESS	234 N. CASTLEFORD CT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	LONGWOOD, FL.	
TITLE	EVP		2.1 TITLE		☐ Change ☐ Addition
NAME	MCCLELLAND, KATHY		2.2 NAME		
STREET ADDRESS	234 N CASTLEFORD CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP		
TITLE	VP		3.1 TITLE		☐ Change ☐ Addition
NAME	CASH, JACK L	D	3.2 NAME		
STREET ADDRESS	1345 28TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		3.4 CITY-ST-ZIP		
TITLE	S		4.1 TITLE		☐ Change ☐ Addition
NAME	CASTERLINE, ROGER	D	4.2 NAME		
STREET ADDRESS	1701 BRISSON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		4.4 CITY-ST-ZIP		
TITLE	T		5.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, EDDIE	D	5.2 NAME		
STREET ADDRESS	1345-28TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		5.4 CITY-ST-ZIP		
TITLE	ED		6.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, FRANCIS M		6.2 NAME		
STREET ADDRESS	1345 28TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		6.4 CITY-ST-ZIP		

DM 6/27

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: F.M. — 26 Apr 95 — 407-323 4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # x 4750

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