FILE NOW: FILING FEE IS $61.25

FILED
Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
SEMINOLE COUNTY SHERIFF OFFICE SANFORD FL	1345 28TH ST SANFORD FL 32773-9307

3. Date Incorporated or Qualified: **04/23/1993**

3a. Date of Last Report: **02/13/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-3196445** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEWART, F M
1345 28TH STREET
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name: CHINA L. JUDE
82 Street Address (P.O. Box Number is Not Acceptable): 1345 28th Street
83
84 City: Sanford FL 85 Zip Code: 32773

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: China L Jude, Coordinator — 2-19-97
Signature, type 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	EPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MEDLEY, DAVID		1.2 NAME		
STREET ADDRESS	581 NEW ENGLAND CT #103		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MONTGOMERY, ROBERT		2.2 NAME		
STREET ADDRESS	3760 WATERCREST DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CASTERLINE, ROGER		3.2 NAME		
STREET ADDRESS	1701 BRISSON AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PETERS, MARGARET		4.2 NAME		
STREET ADDRESS	345 FOREST WAY CIRCLE, # 104		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	5.1 TITLE	~~Member~~ SD (Interim)	☒ Change ☐ Addition
NAME	STEWART, FRANCIS M		5.2 NAME		
STREET ADDRESS	1345 28TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: China L Judge — 2-19-97 — (407)330-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0014750