2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# N93000001876

Entity Name: SEMINOLE COUNTY POLICE ATHLETIC LEAGUE, INC.

Current Principal Place of Business:

SEMINOLE COUNTY SHERIFF OFFICE
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

100 BUSH BV
SANFORD, FL 32773 US

New Mailing Address:

FEI Number: 59-3196445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, DWAYNE
100 BUSH BLVD
SANFORD, FL 32773 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: MD ( ) Delete
Name: JOHNSON, DWAYNE
Address: 100 BUSH BV
City-St-Zip: SANFORD, FL 32773

Title: DP ( ) Delete
Name: SMITH, BARRY
Address: 100 BUSH BLVD
City-St-Zip: SANFORD, FL 32773

Title: DV ( ) Delete
Name: MULLINS, KIRBY
Address: 1200 RINEHART ROAD
City-St-Zip: SANFORD, FL 32771

Title: DT ( ) Delete
Name: JOHNSON, DWAYNE
Address: 100 BUSH BLVD
City-St-Zip: SANFORD, FL 32773

Title: DS ( ) Delete
Name: WALTHERS, STUART
Address: 100 BUSH BLVD.
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: DWAYNE JOHNSON MD 01/04/2007

Electronic Signature of Signing Officer or Director — Date