

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90031 012 ****61.25

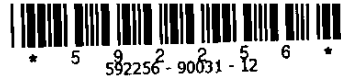
DOCUMENT # N96000004198

1. Corporation Name

PORT ST. LUCIE POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business
121 SW POST ST LUCIE BLVD
PORT ST LUCIE FL 34984

Mailing Address
121 SW POST ST LUCIE BLVD
PORT ST LUCIE FL 34984



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified
08/12/1996

4. FEI Number
NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

VALE, VICTOR JOHN E II
205 S 2ND ST
FT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name STEVE JUNG JOHAN (PRESIDENT)

82 Street Address (P.O. Box Number is Not Acceptable)
121 SW. PORT ST. LUCIE BL.

83

84 City PORT ST. LUCIE FL 85 Zip Code 34984

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

Steve Jung Johan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/14/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
JUNGJOHAN, STEVE
STREET ADDRESS 121 SW PORT ST LUCIE BLVD
CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE ☐ DELETE

NAME VD
REILLY, TIM
STREET ADDRESS 121 SW PORT ST LUCIE BLVD
CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE ☒ DELETE

NAME SD
SCOTT, LYNETTE
STREET ADDRESS 121 SW PORT ST LUCIE BLVD
CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE ☐ DELETE

NAME TD
KELLEHER, ED
STREET ADDRESS 121 SW PORT ST LUCIE BLVD
CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE ☒ DELETE

NAME M
WILSON, GARRY R
STREET ADDRESS 121 SW POST ST LUCIE BLVD
CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME PATRICIA CHRISTENSEN
2.3 STREET ADDRESS 121 SW. PORT ST. LUCIE BL.
2.4 CITY-ST-ZIP PORT ST. LUCIE, FL. 34984

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME AMY VANDENHEUVEL
3.3 STREET ADDRESS 121 SW. PORT ST. LUCIE BL.
3.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34984

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE M ☒ Change ☐ Addition

5.2 NAME TIM REILLY
5.3 STREET ADDRESS 121 SW. PORT ST LUCIE BL.
5.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34984

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Tim Reilly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/99 561 871-7312
Date Daytime Phone #

CR2E037 (5/99)