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.

592256 - 90031 - 12

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/12/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	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 JUNGJOHAN (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 Jungjohan — 7/14/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JUNGJOHAN, STEVE 121 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REILLY, TIM 121 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition VP PATRICIA CHRISTENSEN 121 SW. PORT ST. LUCIE BL. PORT ST. LUCIE, FL. 34984
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCOTT, LYNETTE 121 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☑ Change ☐ Addition SD AMY VANDENHEUVEL 121 SW. PORT ST. LUCIE BL. PORT ST. LUCIE, FL 34984
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KELLEHER, ED 121 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M WILSON, GARRY R 121 SW POST ST LUCIE BLVD PORT ST LUCIE FL 34984	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☑ Change ☐ Addition M TIM REILLY 121 SW. PORT ST LUCIE BL. PORT ST. LUCIE, FL 34984
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/99)

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 EXECUTIVE DIRECTOR — 7/14/99 — 561 871-7312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED