# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Jun 19, 2006 8:00 am**
**Secretary of State**
06-19-2006 90002 021 ****61.25

DOCUMENT # N96000004198

1. Entity Name

PORT ST. LUCIE POLICE ATHLETIC LEAGUE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2101 SE TIFFANY AVE<br>PORT SAINT LUCIE FL 34952<br>US | 121 SW POST ST LUCIE BLVD<br>PORT ST LUCIE FL 34984<br>US |

1st MOORE CR2E037 (10/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 65-0432702 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KREIGER, JACK<br>1514 SE PORT ST. LUCIE BLVD.<br>PORT SAINT LUCIE FL 34952 | Name<br>Street Address (P O Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HAYES, SUE<br>121 SW PORT ST LUCIE BLVD<br>PORT SAINT LUCIE FL 34984 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Prudence Rossetti<br>121 SW Port St. Lucie Blvd.<br>Port St. Lucie, FL 34984 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GIESEY, DANIEL<br>121 SW PORT ST LUCIE BLVD<br>PORT ST LUCIE FL 34984 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Sue Hayes<br>121 SW Port St. Lucie Blvd.<br>Port St. Lucie, FL 34984 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ED<br>REILLY, TIM<br>121 SW POST ST LUCIE BLVD<br>PORT ST LUCIE FL 34984 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>AVELLIND, JENNIFER<br>121 SW PORT ST LUCIE BLVD<br>PORT SAINT LUCIE FL 34984 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Lori Butala<br>121 SW Port St. Lucie Blvd<br>Port St. Lucie FL 34984 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Jennifer Avellino<br>121 SW Port St. Lucie Blvd.<br>Port St. Lucie, FL 34984 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Timothy Reilly EXECUTIVE DIRECTOR 6-1-06 772 398-9436