

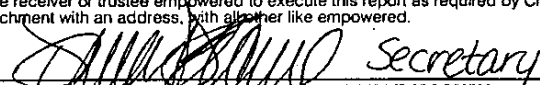


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90106 004 \*\*\*\*61.25

DOCUMENT # N97000000414					
1. Entity Name POLICE ATHLETIC LEAGUE OF DAVIE, INC.					
Principal Place of Business 4300 SW57 TERR DAVIE, FL 33314			Mailing Address P.O. BOX 290717 DAVIE, FL 33329		
2. Principal Place of Business		3. Mailing Address 4300 SW 57 Terrace			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Davie, FL		4. FEI Number 65-0716849	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33314		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPENCE, ROBERT L JR. 1230 S NOB HILL RD. DAVIE, FL 33324			Name President Stephanie Scott		
			Street Address (P.O. Box Number is Not Acceptable)		
			4300 SW 57 Terrace		
			City DAVIE FL Zip Code 33314		
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  Donna Evans, Secretary 7/23/05					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PP	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, RONALD		NAME	Stephanie Scott	
STREET ADDRESS	1230 S. NOB HILL RD.		STREET ADDRESS	4300 SW 57 Terrace	
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPENCE, ROBERT L		NAME	Donna Evans	
STREET ADDRESS	1230 S. NOB HILL RD.		STREET ADDRESS	4300 SW 57 Terrace	
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIZE, JACK		NAME	Todd Evans	
STREET ADDRESS	1230 S. NOB HILL RD.		STREET ADDRESS	4300 SW 57 Terrace	
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, STAPHANIE		NAME	John Parker	
STREET ADDRESS	1230 S. NOB HILL RD.		STREET ADDRESS	4300 SW 57 Terrace	
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMAN, LEKETIA		NAME	Danielle Garner	
STREET ADDRESS	1230 S. NOB HILL RD.		STREET ADDRESS	4300 SW 57 Terrace	
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, GERI		NAME	Carida Rodriguez	
STREET ADDRESS	1230 S. NOB HILL RD.		STREET ADDRESS	4300 SW 57 Terrace	
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP	DAVIE, FL 33314	
12. 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 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:  Secretary 7/23/05 (954)914-0283					
Signature and typed or printed name of signing officer or director Date Daytime Phone #					