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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000002404 (8)**

1. Corporation Name

BREVARD COUNTY SHERIFF'S OFFICE POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business	Mailing Address
700 PARK AVENUE TITUSVILLE FL 32780	700 PARK AVENUE TITUSVILLE FL 32780

3. Date Incorporated or Qualified: 04/23/1997

4. FEI Number: ☑ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 700 PARK AVENUE	26 700 PARK AVENUE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TITUSVILLE, FL	City & State 28 TITUSVILLE, FL
Zip 24 32780 Country 25 BREVARD	Zip 29 32780 Country 30 BREVARD

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANDERSON, PARTICK 930 S. HARBOR CITY BOULEVARD SUITE 505 MELBOURNE FL 32901	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	HIERS, A.J.		1.2 NAME	MERYL ALLAWAS	
STREET ADDRESS	700 PARK AVENUE		1.3 STREET ADDRESS	700 PARK AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780		1.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	BLAKE, RICHARD K		2.2 NAME	BUZZ PETSOS	
STREET ADDRESS	700 PARK AVENUE		2.3 STREET ADDRESS	700 PARK AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780		2.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	VD	☑ DELETE	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	LEBLANC, VICKI K		3.2 NAME	MARSHA SCHMITT	
STREET ADDRESS	700 PARK AVENUE		3.3 STREET ADDRESS	700 PARK AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780		3.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	SD	☑ DELETE	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	STRICKLAND, MISSY		4.2 NAME	AMY BOGNER	
STREET ADDRESS	700 PARK AVENUE		4.3 STREET ADDRESS	700 PARK AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780		4.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	TD	☑ DELETE	5.1 TITLE	TD	☑ Change ☐ Addition
NAME	BORHECK, ROBERT		5.2 NAME	DARREL HIBBS	
STREET ADDRESS	700 PARK AVENUE		5.3 STREET ADDRESS	700 PARK AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780		5.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: _____ 29 APRIL 98 (407)264-7752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014983