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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N97000002404**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/23/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ~~APPLIED FOR~~ 59-3441257 ☐ 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

ANDERSON, PARTICK
930 S. HARBOR CITY BOULEVARD
SUITE 505
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

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		☐ Change ☐ Addition
NAME	MERYL ALLAWAS		1.2 NAME		
STREET ADDRESS	700 PARK AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUZZ PETSOS		2.2 NAME		
STREET ADDRESS	700 PARK AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		2. 4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	MARTHA SCHMITT		3.2 NAME	LINDA KUBIAK	
STREET ADDRESS	700 PARK AVENUE		3.3 STREET ADDRESS	700 PARK AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780		3.4. CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	AMY BOGNER		4. 2 NAME	LINDA GOTCHER	
STREET ADDRESS	700 PARK AVENUE		4.3 STREET ADDRESS	700 PARK AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780		4.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DARRELL HIBBS		5.2 NAME		
STREET ADDRESS	700 PARK AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		5.4 CITY-ST-ZIP		
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 (11/98)

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: Jack Hudgens SIGNATURE REQUIRED 2-22-99 407-264-7752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #