2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002404

FILED Jan 29, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

700 PARK AVENUE TITUSVILLE, FL 32780

Current Mailing Address: New Mailing Address:

P.O. BOX 40

SHARPES, FL 329590040 US

FEI Number: 59-3441257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BENNETT, KOHN
P.O. BOX 1807

BENNETT, KOHN
700 PARK AVE.

COCOA, FL 329231807 US TITUSVILLE, FL 32780 US

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.

SIGNATURE: 01/29/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 MERYL ALLAWAS,
 Name:
 BUZZ PETSOS,

 Address:
 P.O. BOX 40
 Address:
 P.O. BOX 40

City-St-Zip: SHARPES, FL 329590040 US City-St-Zip: SHARPES, FL 329590040 US

Title: VD () Delete Title: D (X) Change () Addition

 Name:
 BUZZ PETSOS,
 Name:
 MERYL ALLAWAS,

 Address:
 P.O. BOX 40
 Address:
 P.O. BOX 40

City-St-Zip: SHARPES, FL 329590040 US City-St-Zip: SHARPES, FL 329590040 US

Title: TD () Delete Title: () Change () Addition

 Name:
 RING, PAUL
 Name:

 Address:
 P.O. BOX 40
 Address:

 City-St-Zip:
 SHARPES, FL 329590040
 City-St-Zip:

Title: E () Delete Title: D (X) Change () Addition

Name: NEUTERMAN, CHARLENE Name: NEUTERMAN, CHARLENE

Address: P.O. BOX 40 Address: P.O. BOX 40

City-St-Zip: SHARPES, FL 329590040 City-St-Zip: SHARPES, FL 329590040

 Name:
 Name:
 DOOLEY, DANIEL P

 Address:
 Address:
 P.O. BOX 40

City-St-Zip: City-St-Zip: SHARPES, FL 329590040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL P. DOOLEY E 01/29/2007