2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2021
Secretary of State
9873754713CC

DOCUMENT# N96000004198

Entity Name: PORT ST. LUCIE POLICE ATHLETIC LEAGUE, INC.

Current Principal Place of Business:

2101 SE TIFFANY AVE
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

2101 SE TIFFANY AVE
PORT SAINT LUCIE, FL 34952 US

FEI Number: 65-0432702

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KREIGER, JACK
1250 SE PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34952 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	RHODEN, MARVIN
Address	2101 SE TIFFANY AVE.
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	DIRECTOR
Name	MIMNAUGH, KEVIN
Address	SOUTHEAST TIFFANY AVENUE
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	SECRETARY
Name	VERRONE, ANTONIO
Address	2101 SOUTHEAST TIFFANY AVENUE
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	DIRECTOR
Name	BRINEY, JOHN
Address	2101 SOUTHEAST TIFFANY AVENUE
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	DIRECTOR
Name	HENTZ, DAVID W
Address	2101 SE TIFFANY AVE
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	PRESIDENT
Name	MAY, BILL
Address	2101 SE TIFFANY ST.
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	TREASURER
Name	LLOYD, BRYAN
Address	2101 SE TIFFANY AVE
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	DIRECTOR
Name	LAWLER, ANDREW
Address	2101 SE TIFFANY AVE
City-State-Zip:	PORT SAINT LUCIE FL 34952

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I hereby 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 all other like empowered.

SIGNATURE: HENTZ, DAVID W DIRECTOR 04/13/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NINESTINE, DANIEL
Address 2101 SE TIFFANY AVE
City-State-Zip: PORT SAINT LUCIE FL 34952

Title DIRECTOR
Name JOHNSON, SCOTT
Address 2101 SE TIFFANY AVE
City-State-Zip: PORT SAINT LUCIE FL 34952

Title DIRECTOR
Name CRAIG, HARLAN KENT
Address 2101 SE TIFFANY AVE
City-State-Zip: PORT SAINT LUCIE FL 34952

Title DIRECTOR
Name NADASI, GUSTAVO
Address 2101 SE TIFFANY AVE
City-State-Zip: PORT SAINT LUCIE FL 34952

Title VICE-PRESIDENT
Name BINSBACHAR, HENRY
Address 2101 SOUTHEAST TIFFANY AVENUE
City-State-Zip: PORT ST. LUCIE FL 34952

Title DIRECTOR
Name ANDREW, TOMAS
Address 2101 SE TIFFANY AVE
City-State-Zip: PORT SAINT LUCIE FL 34952