

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Title VP
Name MIMNAUGH, KEVIN
Address 2101 SE TIFFANY AVE.
City-State-Zip: PORT SAINT LUCIE FL 34952

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

Title SECRETARY
Name BUTALA, LORI
Address 2101 SE TIFFANY AVE
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 PRESIDENT
Name BRINEY, JOHN
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: DAVID HENTZ**DIRECTOR****03/24/2020**_____
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 DIRECTOR
Name BINSBACHAR, HENRY
Address 2101 SE TIFFANY AVE
City-State-Zip: PORT SAINT LUCIE FL 34952

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