


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90037 047 ****61.25

DOCUMENT # 703002 1. Entity Name POLICE ATHLETIC LEAGUE OF TAMPA INC					
Principal Place of Business 1924 W DIANA TAMPA, FL 33604			Mailing Address 1924 W DIANA TAMPA, FL 33604		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip Country			Zip Country		
4. FEI Number 23-7079352			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RAY, PHILLIP G 1924 WEST DIANA STREET TAMPA, FL 33604				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEITZEN, STEVE C 19134 ONE RAY ROSE CIR ODESSA, FL 335569013		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BARONE FRANK 4890 W. KENNEDY BLVD TAMPA, FL 33609	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SIEGEL, LARRY 1924 W DIANA ST TAMPA, FL 33604		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIEGEL, LARRY 1924 W. DIANA ST TAMPA, FL 33604	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TAMARGO, LISA 1924 WEST DIANA STREET TAMPA, FL 33604		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NORWOOD, WILLIE 1924 W. DIANA ST. TAMPA, FL 33604		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Phillip G. Ray</u> PHILLIP G. RAY <u>1/4/06</u> 813-876-9363 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01042006 Chg-NP CR2E037 (11/05)