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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 711151

1. Corporation Name

NAPLES POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

POLICE DEPARTMENT 355 GOODLETTE RD. N NAPLES FL 34102 US

Mailing Address

POLICE DEPARTMENT 355 GOODLETTE RD. N NAPLES FL 34102 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

07/12/1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number 65-0263695

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMBOSK, KEVIN 355 GOODLETTE RD N NAPLES FL 34102

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/17/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE NAME LEWKOWICZ, PETER STREET ADDRESS 355 GOODLETTE ROAD NORTH CITY-ST-ZIP NAPLES FL

1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE D [] DELETE NAME SUGRUE, DAVID STREET ADDRESS 355 GOODLETTE ROAD NORTH CITY-ST-ZIP NAPLES, FL 00000

2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE D [] DELETE NAME WHITEHEAD, JOSEPH STREET ADDRESS 355 GOODLETTE RD N CITY-ST-ZIP NAPLES, FL 00000

3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE PD [] DELETE NAME RAMBOSK, KEVIN STREET ADDRESS 355 GOODLETTE RD N CITY-ST-ZIP NAPLES FL

4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE ED [] DELETE NAME WINGO, BRIAN STREET ADDRESS 355 GOODLETTE RD N CITY-ST-ZIP NAPLES FL

5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE [] Change [] Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

BRIAN P. WINGO

1/14/99

(941) 434-4815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)