

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711151

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: NAPLES POLICE ATHLETIC LEAGUE, INC.

## Current Principal Place of Business:

POLICE DEPARTMENT  
355 RIVERSIDE CIR  
NAPLES, FL 34102 US

## New Principal Place of Business:

NAPLES POLICE DEPARTMENT  
355 RIVERSIDE CIR  
NAPLES, FL 34102 US

## Current Mailing Address:

POLICE DEPARTMENT  
355 RIVERSIDE CIR  
NAPLES, FL 34102 US

## New Mailing Address:

NAPLES POLICE DEPARTMENT  
355 RIVERSIDE CIR  
NAPLES, FL 34102 US

FEI Number: 65-0263695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARKLEY, JOHN F DIR  
355 RIVERSIDE CR  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: BARKLEY, JOHN  
Address: 355 RIVERSIDE CR.  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: SUGRUE, DAVID  
Address: 355 RIVERSIDE CR.  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: COX, RALPH  
Address: 355 RIVERSIDE CR.  
City-St-Zip: NAPLES, FL 34102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN BARKLEY

DIR

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date