

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90068 035 ****61.25

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1. Entity Name
**CASSELBERRY POLICE BENEVOLENT ASSOCIATION,
INC.**



Principal Place of Business

4195 S US HWY 17-92
CASSELBERRY, FL 32707 US

Mailing Address

4195 S US HWY 17-92
CASSELBERRY, FL 32707 US

DO NOT WRITE IN THIS SPACE



03282005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2506989

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLEASANTS, SCOTT
4195 S US HWY 17-92
CASSELBERRY FL, FL 32707

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Scott Pleasants

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

(NOTE: Registered Agent signature required when reinstating)

3/28/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PLEASANT, SCOTT
STREET ADDRESS 4195 S US HWY 17-92
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE VP
NAME PAMATIAN, CHRIS
STREET ADDRESS 4195 S US HWY 17-92
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE ST
NAME STRONG, KAREN
STREET ADDRESS 4195 S. US HWY 17-92
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE T
NAME MCDONALD, TERRI
STREET ADDRESS 4195 S US HWY 17-92
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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:

Scott Pleasants

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/05

Daytime Phone #

407 262 7416