

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 736642 (0)

1. Corporation Name

CENTRAL FLORIDA POLICE ATHLETIC LEAGUE, INC.



Principal Place of Business

Mailing Address

3955 COUNTRY CLUB DR.  
ORLANDO FL 32808  
US

2001 MERCY DR. SUITE 103  
P O BOX 585846  
ORLANDO FL 32858-5846  
US

3. Date Incorporated or Qualified

08/23/1976

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIZELL, GREGORY  
2001 MERCY DR., #103  
ORLANDO FL 32808

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | VD                  | <input type="checkbox"/> DELETE |
| NAME            | SMITH, JACQUELIN    |                                 |
| STREET ADDRESS  | P O BOX 25000 N/A   |                                 |
| CITY - ST - ZIP | ORLANDO FL          |                                 |
| TITLE           | D                   | <input type="checkbox"/> DELETE |
| NAME            | ROBERTS, BELVIN     |                                 |
| STREET ADDRESS  | 2000 S ORANGE AVE   |                                 |
| CITY - ST - ZIP | ORLANDO FL          |                                 |
| TITLE           | TD                  | <input type="checkbox"/> DELETE |
| NAME            | BROWN, GEORGE       |                                 |
| STREET ADDRESS  | P O BOX 916027 N/A  |                                 |
| CITY - ST - ZIP | LONGWOOD FL         |                                 |
| TITLE           | CD                  | <input type="checkbox"/> DELETE |
| NAME            | DEMINGS, VAL        |                                 |
| STREET ADDRESS  | 100 S. HUGHEY AVE.  |                                 |
| CITY - ST - ZIP | ORLANDO FL          |                                 |
| TITLE           | SD                  | <input type="checkbox"/> DELETE |
| NAME            | FOYER, KEN          |                                 |
| STREET ADDRESS  | 604-A GEORGETOWN DR |                                 |
| CITY - ST - ZIP | CASSELBERRY FL      |                                 |
| TITLE           | PD                  | <input type="checkbox"/> DELETE |
| NAME            | MCGRIFF, JAMES      |                                 |
| STREET ADDRESS  | 100 S HUGHEY AVE    |                                 |
| CITY - ST - ZIP | ORLANDO FL          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                       |  |
|---------------------|-----------------------|--|
| 1.1 TITLE           | VD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | McGriff, Jonathan     |  |
| 1.3 STREET ADDRESS  | 100 S. Hughey Avenue  |  |
| 1.4 CITY - ST - ZIP | Orlando, FL 32801     |  |
| 2.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                       |  |
| 2.3 STREET ADDRESS  |                       |  |
| 2.4 CITY - ST - ZIP |                       |  |
| 3.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                       |  |
| 3.3 STREET ADDRESS  |                       |  |
| 3.4 CITY - ST - ZIP |                       |  |
| 4.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                       |  |
| 4.3 STREET ADDRESS  |                       |  |
| 4.4 CITY - ST - ZIP |                       |  |
| 5.1 TITLE           | SD                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            | Sears, Tia            |  |
| 5.3 STREET ADDRESS  | 100 S. Hughey Avenue  |  |
| 5.4 CITY - ST - ZIP | Orlando, FL 32801     |  |
| 6.1 TITLE           | PD                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            | Foyer, Kent           |  |
| 6.3 STREET ADDRESS  | 604-A Georgetown Dr.  |  |
| 6.4 CITY - ST - ZIP | Casselberry, FL 32707 |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)