

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90050 019 ****61.25

DOCUMENT # 736642

1. Corporation Name

CENTRAL FLORIDA POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

3955 COUNTRY CLUB DR.
ORLANDO FL 32808
US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/23/1976

4. FEI Number

52-1076736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE
NAME **JONATHAN MCGRUFF**
STREET ADDRESS **100 S HUGHEY AVENUE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ DELETE
NAME **ROBERTS, BELVIN**
STREET ADDRESS **2000 S ORANGE AVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☒ DELETE
NAME **BROWN, GEORGE**
STREET ADDRESS **P O BOX 916027 N/A**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **CD** ☒ DELETE
NAME **DEMMINGS, VAL**
STREET ADDRESS **100 S. HUGHEY AVE.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **SD** ☒ DELETE
NAME **SEARS, TIA**
STREET ADDRESS **100 S. HUGHEY AVE.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☒ DELETE
NAME **FOYER, KENT**
STREET ADDRESS **604-A GEORGETOWN DR.**
CITY-ST-ZIP **CASSELEBERRY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition
1.2 NAME **Demmings, Val**
1.3 STREET ADDRESS **100 S. Hughey Avenue**
1.4 CITY-ST-ZIP **Orlando FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Fields, Pamela**
2.3 STREET ADDRESS **123 Crown Point Circle**
2.4 CITY-ST-ZIP **Longwood FL**

3.1 TITLE **S/TD** ☒ Change ☐ Addition
3.2 NAME **Brown, George**
3.3 STREET ADDRESS **P.O. Box 916027 N/A**
3.4 CITY-ST-ZIP **Longwood FL**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **McGowan, George**
4.3 STREET ADDRESS **1970 Aquarius Ct.**
4.4 CITY-ST-ZIP **Oviedo, FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Wiggins, Dave**
5.3 STREET ADDRESS **3525 W. Lake Mary Blvd. #306**
5.4 CITY-ST-ZIP **Lake Mary FL**

6.1 TITLE **PD** ☒ Change ☐ Addition
6.2 NAME **Zizmer, Michael**
6.3 STREET ADDRESS **391 Trotters Dr.**
6.4 CITY-ST-ZIP **Maitland FL**

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 817, 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:

George Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99
Date

(407) 291-1996
Daytime Phone #

CR2E037 (11/98)