

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90025 026 \*\*\*\*70.00

**DOCUMENT # 736642**

1. Entity Name  
**CENTRAL FLORIDA POLICE ATHLETIC LEAGUE, INC.**



Principal Place of Business  
**1940 TRAYLOR BLVD  
HEART OF FLORIDA UNITED WAY BLDG  
ORLANDO, FL 32804 US**

Mailing Address  
**P.O. BOX 540148  
ORLANDO, FL 32854-0148**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**52-1076736**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATRICK, RUTH  
1940 TRAYLOR BLVD  
HEART OF FLORIDA UNITED WAY BLDG  
ORLANDO, FL 32854**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**32804**

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

*Ruth A. Patrick, Executive Director*

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

(NOTE: Registered Agent signature required when reinstating)

**4/3/07**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ELLIS, ADRIAN  
P.O. BOX 5110  
ORLANDO, FL 32793** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LABOO, CHRISTOPHER  
19830 LOOK OUT LN  
EUSTIS, FL 32726** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SPROLES, CHRISTOPHER  
201 S ORANGE AVE, # 1500  
ORLANDO, FL 32801** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BIZMER, MICHAEL  
1232 ALEXANDER CT  
ORLANDO, FL 32804** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PENDLETON, OSCAR  
P.O. BOX 555548  
ORLANDO, FL 32855** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HERSHAFT, MICHAEL  
1200 DELTONA BLVD, # 4142  
DELTONA, FL 32725** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**BIZMER, MICHAEL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**251 W. 1st St.  
Sanford, FL 32771**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-6-07**

**407-839-3109**