


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90029 023 ****61.25

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 # 1940 Traylor Blvd		3. Mailing Address P.O. Box 540148			
Suite, Apt., #, etc. Heart of Florida UW		Suite, Apt., #, etc.			
City & State Orlando, FL		City & State Orlando FL		4. FEI Number 52-1076736	
Zip 32808		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATRICK, RUTH 1940 TRAYLOR BLVD HEART OF FLORIDA UNITED WAY BLDG ORLANDO, FL 32854		7. Name and Address of New Registered Agent Name <u>Taneka J. Mallory</u> Street Address (P.O. Box Number is Not Acceptable) 1940 Traylor Blvd Heart of Florida United Way Bldg City <u>Orlando</u> <u>FL</u> Zip Code <u>32854</u>			
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 <u>Taneka Mallory Taneka Mallory</u> DATE <u>4/13/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, ADRIAN P.O. BOX 5110 ORLANDO, FL 32793	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABOO, CHRISTOPHER 19830 LOOK OUT LN EUSTIS, FL 32726	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPROLES, CHRISTOPHER 201 S ORANGE AVE, # 1500 ORLANDO, FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIZMER, MICHAEL 1232 ALEXANDER CT ORLANDO, FL 32804	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDLETON, OSCAR P.O. BOX 555548 ORLANDO, FL 32855	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERSHAFT, MICHAEL 251 W 1ST ST SANFORD, FL 32771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Taneka Mallory Taneka Mallory</u> DATE <u>4/13/08</u> 407.291.1996 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					