2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736642

FILED Apr 30, 2009 Secretary of State

Entity Name: CENTRAL FLORIDA POLICE ATHLETIC LEAGUE, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
HEART O		NITED WAY BLDG US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX DRLAND(540148 O, FL 3285401	48			
El Number	: 52-1076736	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
1940 TRA HEART O DRLAND(O, FL 32854 L		ournose of changing its register	red office or registered agent, or both,	
	e of Florida.		ourpose of offeriging its register	red embe of registered agent, or beth,	
SIGNATU					
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTO	
ītle: lame: lddress: Dity-St-Zip:	D (ELLIS, ADRIAN P.O. BOX 5110 ORLANDO, FL)	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: lddress:	D (LABOO, CHRIS 19830 LOOK C EUSTIS, FL 32	DUT LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:					
itle: lame: .ddress:	D (SPROLES, CH 201 S ORANGI ORLANDO, FL	E AVE, # 1500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Dity-St-Zip:	SPROLES, CH 201 S ORANGI ORLANDO, FL	RISTOPHER E AVE, # 1500 32801) Delete IAEL DER CT	Name: Address:	() Change () Addition () Change () Addition	
ritle: Jame: Address: City-St-Zip: Title: Jame: Address:	SPROLES, CH 201 S ORANGI ORLANDO, FL D (ZIZMER, MICH 1232 ALEXANI ORLANDO, FL	RISTOPHER E AVE, # 1500 32801) Delete IAEL DER CT 32804) Delete OSCAR 648	Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TANEKA J. MALLORY DIR 04/30/2009