

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000002892 (6)

1. Corporation Name

NATIONAL POLICE ATHLETIC FEDERATION, INC.

Principal Place of Business

Mailing Address

2014 KENNETH ST.
JACKSONVILLE FL 32207

2014 KENNETH ST.
JACKSONVILLE FL 32207-3728

3. Date Incorporated or Qualified
06/15/1995

3a. Date of Last Report
05/24/1996

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

4. FEI Number
31-1292575

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AKEL, DANIEL D ESQ
ONE INDEPENDENT SQ., #2301
JACKSONVILLE FL 32202

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME BURTON, JOHN
STREET ADDRESS 2014 KENNETH ST.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE PD ☐ DELETE
NAME BAUERS, NORBERT
STREET ADDRESS 2014 KENNETH ST.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE
NAME BALL, BILL
STREET ADDRESS 2014 KENNETH ST.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE DS ☐ DELETE
NAME BINGLE, DOUG
STREET ADDRESS 2014 KENNETH ST.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE TD ☐ DELETE
NAME CASEY, MIKE
STREET ADDRESS 2014 KENNETH ST.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VD ☐ DELETE
NAME PARIS, BRAD
STREET ADDRESS 2014 KENNETH ST.
CITY-ST-ZIP JACKSONVILLE FL 32207

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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

March 21, 1997 (904) 355-8875
Date Daytime Phone #0004916

CR2E037 (9/96)