FILE NOW: FILING FEE IS \$61.25

NONPROFIT ·CORPÒRATION ANNUAL REPORT



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

1996

DOCUMENT # F95000002892 (6)

NATIONAL POLICE ATHLETIC FEDERATION, INC.

Principal Place of Business Malling Address 2014 KENNETH ST. 2014 KENNETH ST. JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 3. Date Incorporated or Qualified 3a. Date of Last Report 06/15/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 31-1292575 APPLIED FOR 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Ζip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 30 Florida Statutes ☐ Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AKEL, DANIEL D ESQ Street Address (P.O. Box Number is Not Acceptable) 82 ONE INDEPENDENT SQ., #2301 83 JACKSONVILLE FL 32202 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (12/95)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE Addition ND NAME **BURTON, JOHN** 1.2 NAME CR2E037 STREET ADDRESS 2014 KENNETH ST. 1.3 STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-2IP 1.4 CITY - \$1 - ZIP DELETE **₩** Change ☐ Addition TITLE 2.1 TITLE PD NAME **BAUERS, NORBERT** 2.2 NAME 2014 KENNETH ST. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE TITLE 3.1 Title NAME BALL, BILL 3.2 NAME STREET ADDRESS 2014 KENNETH ST. 3.3 STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME BINGLE, DOUG 4. 2 NAME 2014 KENNETH ST. STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE 500001839045°° ☐ Addition TITLE 51 TITLE NAME CASEY, MIKE 5.2 NAME -05/24/96--01090--003 2014 KENNETH ST. STREET ADDRESS 5.3 STREET ADDRESS ***61.25 JACKSONVILLE FL 32207 CITY-ST-ZIP 5.4 CITY - ST - ZIP

VD

appears in Block 12 or Bloc

PARIS, BRAD

2014 KENNETH ST.

JACKSONVILLE FL 32207

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

NORMAN O. DEMERS

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

FILED

May 24 1996 8:00am

Secretary of State

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; that I am an officer or digator of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name