

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 05 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 2014 KENNETH ST. JACKSONVILLE FL 32207 | Mailing Address 2014 KENNETH ST. JACKSONVILLE FL 32207 |
|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/15/1995 | |
| 4. FEI Number 31-1292575 | Applied For <input type="checkbox"/> Not Applicable |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 28 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 29 Zip |
| 25 Country | 30 Country |

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**AKEL, DANIEL D ESQ
ONE INDEPENDENT SQ., #2301
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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: Daniel D. Akel Feb. 27, 1998

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|------------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | BURTON, JOHN | |
| STREET ADDRESS | 2014 KENNETH ST. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BAUERS, NORBERT | |
| STREET ADDRESS | 2014 KENNETH ST. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BALL, BILL | |
| STREET ADDRESS | 2014 KENNETH ST. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | BINGLE, DOUG | |
| STREET ADDRESS | 2014 KENNETH ST. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | CASEY, MIKE | |
| STREET ADDRESS | 2014 KENNETH ST. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | PARIS, BRAD | |
| STREET ADDRESS | 2014 KENNETH ST. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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: M. Mortham Feb 27 1998 (904) 355-8825

CR2E037 (10/97)