2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N00000006774

POLICE ATHLETIC LEAGUE OF NEW SMYRNA BEACH,



Principal Place of Business NEW SMYRNA BEACH POLICE DEPT. 1400 N. DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168

SIGNATURE: Lan

Mailing Address NEW SMYRNA BEACH POLICE DEPT. 1400 N. DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168

| NEW OMITANT DENOTH | | 7127 CM 1447 D 21307 T 2 32130 | | | | |
|----------------------------------|--|-----------------------------------|--|--|--|-----|
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. City & State | | Suite, Apt. #, etc. City & State | | | | |
| | | | | | | Zip |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 01, 2004 8:00 am Secretary of State

03-01-2004 90039 017 ****61.25

54013634

386-424-2263 Daytime Phone #

| | | • • | | 01072004 | Chg-NP | CR2E037 (10/03) |) | |
|--|--|--|---|---|--|--|---|--|
| City & State Cit | | City & State | y & State | | 387 | | Applied For Not Applicable | |
| Zíp | Country | Zip | Country | 5. Certificate of | Status Desired | □ \$8.75 A | dditional | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and A | ddress of New Re | gistered Agent | | |
| THURLÔW, ROBERT S 415 CANAL ST. NEW SMYRNA BEACH, FL 32168 | | | | Name | | | | |
| · - | | | City | | | FL Zip Co | | |
| 8. The above the obligat | named entity submits this statement for the puicks of registered agent. | irpose of changing its r | egistered office or | registered agent, or both, | in the State of Flor | ida. I am familiar witl | n, and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent and title if | applicable. (NOTE: | Registered Agent signatu | re required when reinstating) | | DATE | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | | 9. Election Campaign Financing Trust Fund Contribution. | | The Management of the Part of the Art of the | ike check payable da Department of : | Anna Carlotte Company of the Carlotte Company | |
| 10. | OFFICERS AND DIRECTOR | RS | 11. | ADDITIONS/CHAN | IGES TO OFFICER | S AND DIRECTORS I | IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COOPER, III, FREDERICK E 720 GREEN RD. NEW SMYRNA BEACH, FL 32168 | 💢 Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | . Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD ADKINS, DAVID 1400 N. DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168 | □ Delete | TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | Change | Addition | |
| TITLE NAME STREET ADDRESS - CITY-ST-ZIP | S BROWN, ESSIE M 1400 N. DIXIE FREEWAY -NEW-SMYRNA-BEACH; FL 32168 | Delete | NAME STREET ADDRESS | S NCGINN , CASS/ 1400 N. DIXIE NEW SMYUNA BE | TNORA FREEWAY | ☐ Change | X Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MCKINLEY, TOM 1404 SOUTH RIDGEWOOD AVE. EDGEWATER, FL 32132 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u> </u> | 14: 11- 00- | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RIERA, GAIL 900 NORTH DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168 | ☐ Delete | TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ■ Addition | |
| 12. I hereby of indicated of the corphanged, | certify that the information supplied with this fili on this report or supplemental report is true ar poration or the receiver or trustee empoweres or on an attachment with an address, with all | ng does not qualify for t accurate and that my to execute this report a other like empowered. | he exemption state signature shall has s required by Char | ed in Section 119.07(3)(i), ave the same legal effect a pter 617, Florida Statutes; | Florida Statutes. It is if made under oa and that my name | urther certify that the ath; that I am an office appears in Block 10 | information er or director or Block 11 if | |