


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000006774</b>	
1. Entity Name <b>POLICE ATHLETIC LEAGUE OF NEW SMYRNA BEACH, INC.</b>	

Principal Place of Business <b>NEW SMYRNA BEACH POLICE DEPT. 1400 N. DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168</b>	Mailing Address <b>NEW SMYRNA BEACH POLICE DEPT. 1400 N. DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168</b>
--	--



05122008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3896759</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>ADKINS, DAVID 1400 N DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **5-27-08**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 - Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U80000352442</b> <b>06/04/08-80075-019 61.25</b>
--	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DD ADKINS, DAVID 1400 N. DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MILLS, DORIS 1400 N. DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RIERA, GAIL 900 NORTH DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KENNEDY, PATTI 1504 S RIDGEWOOD AVE EDGEWATER, FL 32132</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RENZULLI, SUSAN 30 RICHMOND DR NEW SMYRNA BEACH, FL 32169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **5-23-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #