

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006774

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** POLICE ATHLETIC LEAGUE OF NEW SMYRNA BEACH, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-3896759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ADKINS, DAVID  
1400 N DIXIE FREEWAY  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DD ( ) Delete  
Name: ADKINS, DAVID  
Address: 1400 N. DIXIE FREEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S ( ) Delete  
Name: MILLS, DORIS  
Address: 1400 N. DIXIE FREEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T ( ) Delete  
Name: RIERA, GAIL  
Address: 900 NORTH DIXIE FREEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: P ( ) Delete  
Name: KENNEDY, PATTI  
Address: 1504 S RIDGEWOOD AVE  
City-St-Zip: EDGEWATER, FL 32132

Title: V ( ) Delete  
Name: RENZULLI, SUSAN  
Address: 30 RICHMOND DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS MILLS

S

01/16/2009

Electronic Signature of Signing Officer or Director

Date