

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007131

FILED
Apr 27, 2004
Secretary of State**Entity Name:** FLAGLER COUNTY POLICE ATHLETIC LEAGUE, INC.**Current Principal Place of Business:**3400 U.S. 1 NORTH
UNIT 2
BUNNELL, FL 32110**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 350399
PALM COAST, FL 32135**New Mailing Address:****FEI Number:** 59-3760637**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**NOWELL, SIDNEY M
300 N. STATE STREET
BUNNELL, FL 32110 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: D () Delete
Name: CLINE, SAM
Address: 100 MARINA BAY DR UNIT 101
City-St-Zip: FLAGLER BEACH, FL 32136

Title: ED () Delete
Name: APPERSON, DONALD
Address: 2275 E MOODY BLVD, BLDG 1 APT H
City-St-Zip: BUNNELL, FL 32110

Title: VP () Delete
Name: MARESCO, HONORA
Address: 13 COTTON COURT
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: SPATH, CARL
Address: 106 BREEZE HILL LANE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: GIBBS, TOM
Address: P.O. BOX 354428
City-St-Zip: PALM COAST, FL 32135

Title: SECT () Delete
Name: SMITH, RICH
Address: 1640 LAMBERT AVE
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OSBORNE, ROBERT
Address: 17 ELLSWORTH DR.
City-St-Zip: PALM COAST, FL 32164

Title: ED (X) Change () Addition
Name: KELLEY, ZANE
Address: 1001 JUSTICE LANE
City-St-Zip: BUNNELL, FL 32110

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

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

Title: P (X) Change () Addition
Name: KELLEY, J. MICHAEL
Address: P.O. BOX 1023
City-St-Zip: BUNNELL, FL 32110

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ZANE KELLEY

ED

04/27/2004

Electronic Signature of Signing Officer or Director

Date