

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90161 050 ****61.25

DOCUMENT # N00000007131					
1. Entity Name FLAGLER COUNTY POLICE ATHLETIC LEAGUE, INC.					
Principal Place of Business 3400 U.S. 1 NORTH UNIT 2 BUNNELL, FL 32110			Mailing Address P.O. BOX 350399 PALM COAST, FL 32135		
2. Principal Place of Business		3. Mailing Address 3400 U.S. 1 North			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Unit 2			
City & State		City & State Bunnell, FL 32110			
Zip	Country	Zip	Country	4. FEI Number 59-3760637	
32110		U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOWELL, SIDNEY M 300 N. STATE STREET BUNNELL, FL 32110			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1100 E. Moody Blvd City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME OSBORNE, ROBERT STREET ADDRESS 17 ELLSWORTH DR. CITY-ST-ZIP PALM COAST, FL 32184	<input type="checkbox"/> Delete		TITLE SECT NAME Robert Osborne STREET ADDRESS 29 Ellsworth Drive CITY-ST-ZIP Palm Coast, FL 32104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ED NAME KELLEY, ZANE STREET ADDRESS 1001 JUSTICE LANE CITY-ST-ZIP BUNNELL, FL 32110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MARESCO, HONORA STREET ADDRESS 13 COTTON COURT CITY-ST-ZIP PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Raymond Ruggiere STREET ADDRESS 10 Tobias Lane CITY-ST-ZIP Flagler Beach, FL 32136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SPATH, CARL STREET ADDRESS 106 BREEZE HILL LANE CITY-ST-ZIP PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete		TITLE D NAME Colleen Conklin STREET ADDRESS 229 Ocean Palm Drive CITY-ST-ZIP Flagler Beach, FL 32136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME KELLEY, J. MICHAEL STREET ADDRESS P.O. BOX 1023 CITY-ST-ZIP BUNNELL, FL 32110	<input checked="" type="checkbox"/> Delete		TITLE President NAME Dominic Santoianni STREET ADDRESS P.O. Box 350399 CITY-ST-ZIP Palm Coast, FL 32135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SECT NAME SMITH, RICH STREET ADDRESS 1640 LAMBERT AVE CITY-ST-ZIP FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: _____ 04/19/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					