FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:06

DOCUMENT # N00499 (6)

1. Corporation Name

THE STATE OF FLORIDA ASSOCIATION OF POLICE ATHLE TIC LEAGUES, INC.

Principal Place of Business	Mailing Address
2014 KENNETH ST. P.O. BOX 9961 (32208) JACKSONVILLE FL 32207 US	2014 KENNETH ST. P.O. BOX 9961 (32208) JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1983
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2624887 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

DEMERS, NORMAN O.
2014 KENNETH ST.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MURRAY, KEN	12 NAME		
STREET ADDRESS	25 RODERICO AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPGS. FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	BABCOCK, JERRY	22 NAME		
STREET ADDRESS	1801 5TH AVE. N.	23 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	ROCQUE, JAMIE	32 NAME		
STREET ADDRESS	650 N. APOLLO BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DEMERS, NORMAN	42 NAME		
STREET ADDRESS	2014 KENNETH ST.	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	TILLARD, BILL	52 NAME		
STREET ADDRESS	925 CYPRESS ST.	53 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	WEIL, ED	62 NAME	Dillhyon, Mike	
STREET ADDRESS	4075 LB MCLEOD, #H	63 STREET ADDRESS	4015 Lewis Speedway	
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	St. Augustine, FL 32095	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norman O. Demers Norman O. Demers March 24, 1995 (904)356-5408
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

05/5190