

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00499 (6)**  
1. Corporation Name  
**THE STATE OF FLORIDA ASSOCIATION OF POLICE ATHLETIC LEAGUES, INC.**



Principal Place of Business 2014 KENNETH ST. P.O. BOX 9961 (32208) JACKSONVILLE FL 32207 US	Mailing Address 2014 KENNETH ST. P.O. BOX 9961 (32208) JACKSONVILLE FL 32207-3728 US
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2624887	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified 12/21/1983	3a. Date of Last Report 01/26/1996
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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
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: NORMAN O. DEMERS Executive Director March 20, 1997  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABCOCK, JERRY	1.2 NAME	
STREET ADDRESS	1801 5TH AVE. N.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCQUE, JAMIE	2.2 NAME	
STREET ADDRESS	650 N. APOLLO BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TILLARD, BILL	3.2 NAME	TR Lynn Adams
STREET ADDRESS	990 ORANGE AVE.	3.3 STREET ADDRESS	219 N. MASSACHUSETTS DR
CITY - ST - ZIP	DAYTONA BEACH FL	3.4 CITY - ST - ZIP	Lakeland, FL 33801
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMERS, NORMAN	4.2 NAME	
STREET ADDRESS	2014 KENNETH ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLHYON, MIKE	5.2 NAME	T
STREET ADDRESS	4015 LEWIS SPEEDWAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIANSEN, JERRY	6.2 NAME	SD
STREET ADDRESS	3250 HOLLYWOOD BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	6.4 CITY - ST - ZIP	

14. I do 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 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 **RECEIVED** March 20, 1997 904/356-5408  
Signature and typed or printed name of signing officer or director Date Daytime Phone #0004918

CR2E037 (9/96)