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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 US
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3. Date Incorporated or Qualified
12/21/1983

4. FEI Number
59-2624887

Applied For
 Not Applicable

2. Principal Place of Business 21 2809 Art Museum Dr.	2a. Mailing Address 28 P.O. Box 47497
Suite, Apt. #, etc. 22 Suite 101	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32207	Country 25 Duval
Zip 29 32247	Country 30 Duval

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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
Lavern B. Scott

82 Street Address (P.O. Box Number is Not Acceptable)
2165 West 33rd Street

83

84 City
Jacksonville

85 Zip Code
FL 32309

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 **Lavern B. Scott, President** *Lavern B. Scott* **January 6, 1998**
Signature, typed or printed name of registered agent and title if applicable. (Type E-Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BABCOCK, JERRY		1.2 NAME Lavern B. Scott	
STREET ADDRESS 1801 5TH AVE. N.		1.3 STREET ADDRESS 2165 West 33rd Street	
CITY-ST-ZIP ST. PETERSBURG FL		1.4 CITY-ST-ZIP Jacksonville, FL 32209	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROCQUE, JAMIE		2.2 NAME Sherry Truex	
STREET ADDRESS 650 N. APOLLO BLVD.		2.3 STREET ADDRESS 300 Brunson Blvd.	
CITY-ST-ZIP MELBOURNE FL		2.4 CITY-ST-ZIP Cocoa, FL 32922	
TITLE TR	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADAMS, LYNN		3.2 NAME	
STREET ADDRESS 219 N MASSACHUSETTS DR		3.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEMERS, NORMAN		4.2 NAME Bernie Winer	
STREET ADDRESS 2014 KENNETH ST.		4.3 STREET ADDRESS 999 11th Street	
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP Miami Beach, FL 33139	
TITLE T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DILLHYON, MKE		5.2 NAME Neil Cascone	
STREET ADDRESS 4015 LEWIS SPEEDWAY		5.3 STREET ADDRESS 4031-C Nova Road	
CITY-ST-ZIP ST. AUGUSTINE FL		5.4 CITY-ST-ZIP Port Orange, FL 32127	
TITLE SD	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME CHRISTIANSSEN, JERRY		6.2 NAME	
STREET ADDRESS 3250 HOLLYWOOD BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL		6.4 CITY-ST-ZIP	

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14. 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 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: **Lavern B. Scott** *Lavern B. Scott* **January 6, 1998 (904)355-3308**

CR2E037 (10/97)