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**Feb 23, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N00499**

1. Corporation Name  
**THE STATE OF FLORIDA ASSOCIATION OF POLICE ATHLE  
 TIC LEAGUES, INC.**

Principal Place of Business  
 2809 ART MUSEUM DR.  
 SUITE 101  
 JACKSONVILLE FL 32207  
 US

Mailing Address  
 P.O. BOX 47497  
 JACKSONVILLE FL 32247



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2809 Art Museum Drive		26		12/21/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 208		27		59-2624887	
City & State		City & State		5. Certificate of Status Desired	
23 Jacksonville, Florida		28		X <b>\$8.75 Additional Fee Required</b>	
Zip Country		Zip Country		6. Election Campaign Financing	
24 32207 US		29		Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCOTT, LAVERN B 2165 WEST 33RD STREET JACKSONVILLE FL 23309				81 Name Scott, Lavern B.			
				82 Street Address (P.O. Box Number is Not Acceptable) 2809 Art Museum Drive			
				83 Suite 208			
				84 City Jacksonville FL 85 Zip Code 32207			

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, Executive Director* (Lavern B. Scott) 5 JAN 1999  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, LAVERN B 2165 WEST 33RD STREET JACKSONVILLE FL 32209 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Sherry Truex 300 Brunson Blvd. Cocoa, FL 32922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRUEX, SHERRY 300 BRUNSON BLVD. COCOA FL 32922 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President Commander Mel Williams 1100 USA BLVD. Titusville, Florida 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, LYNN 219 N MASSACHUSETTS DR LAKELAND FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TR Officer Bill Bucknam 7900 Johnson Street Pembroke Pines, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINER, BERNIE 999 11TH STREET MIAMI BEACH FL 33139 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASCONI, NEIL 4031-C NOVA ROAD PORT ORANGE FL 32127 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Lavern B. Scott Sr 2809 Art Museum Drive Suite 208 Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTIANSEN, JERRY 3250 HOLLYWOOD BLVD. HOLLYWOOD FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Lavern B. Scott* SIGNATURE REQUIRED: Lavern B. Scott, Executive Director January 5, 1999  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)