2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# N00499

Entity Name: STATE OF FLORIDA ASSOCIATION OF POLICE ATHLETIC LEAGUES/ACTIVITIES, INC.

Current Principal Place of Business:

2500 MONUMENT ROAD
204
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350399
JACKSONVILLE, FL 322350394

New Mailing Address:

FEI Number: 59-2588363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, LAVERN B
2500 MONUMENT ROAD
SUITE 204
JACKSONVILLE, FL 32225

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WILLIAMS, MEL	
Address:	1100 JOHN GLENN BLVD	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	VP	( ) Delete
Name:	DILLHYON, MIKE	
Address:	PO BOX 2240	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	
Title:	T	( ) Delete
Name:	WHEATLEY, TOM	
Address:	900 ORANGE AVENUE	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	S	( ) Delete
Name:	WESLEY, WALT	
Address:	851 MARSH AVE	
City-St-Zip:	FORT MYERS, FL 33905	
Title:	D	( ) Delete
Name:	SCOTT, LAVERN B SR	
Address:	2809 ART MUSEUM DR. SUITE 208	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	T	( ) Delete
Name:	EVERETT, RODERICK	
Address:	6130 SW 72 STREET	
City-St-Zip:	SOUTH MIAMI, FL 33143	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAVERN B SCOTT SR D 04/26/2004
Electronic Signature of Signing Officer or Director — Date