## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00499

Jul 26, 2006 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

2500 MONUMENT ROAD 204

JACKSONVILLE, FL 32225 US

**New Mailing Address: Current Mailing Address:** 

P.O. BOX 350399

JACKSONVILLE, FL 322350394

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition WILLIAMS, MEL BOYD, LERRIC Name: Name:

1100 JOHN GLENN BLVD Address: 1450- 16TH STREET NORTH Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: ST. PETERSBURG, FL 33704

Title: ( ) Delete Title: (X) Change ( ) Addition

DILLHYON, MIKE Name: BRIMER, LESLEE Name: Address: PO BOX 2240 Address: 130 MALABAR ROAD SE City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: PALM BAY, FL 32907

Title: () Delete Title: () Change () Addition

BEACH, CHUCK Name: Name: 1065 RIDGEWOOD AVE Address: Address: City-St-Zip: HOLLY HILL, FL 32117 City-St-Zip:

(X) Change ( ) Addition Title: ( ) Delete Title:

Name: WESLEY, WALT Name: WESLEY, WALT 851 MARSH AVE Address: 851 MARSH AVE Address:

City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33905 US

Title: ( ) Delete Title: (X) Change ( ) Addition

SCOTT, LAVERN B SR SCOTT, LAVERN B SR Name: Name:

2809 ART MUSEUM DR. SUITE 208 2500 MONUMENT ROAD SUITE 204 Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32225 US

Title: () Delete Title: (X) Change ( ) Addition HENDERSON, JAMEY

HENDERSON, JAMEY Name: Name: Address: 219 N. MASSACHUSETTS AVE Address: 219 N. MASSACHUSETTS AVE LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33801 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 07/26/2006