2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2007
Secretary of State

DOCUMENT# N00499

Entity Name: STATE OF FLORIDA ASSOCIATION OF POLICE ATHLETIC/ACTIVITIES LEAGUES, 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 ( )**
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:

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

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: LAVERN B SCOTT SR

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BOYD, LERRIC	
Address:	1450- 16TH STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33704	
Title:	VP	( ) Delete
Name:	BRIMER, LESLEE	
Address:	130 MALABAR ROAD SE	
City-St-Zip:	PALM BAY, FL 32907	
Title:	T	( ) Delete
Name:	BEACH, CHUCK	
Address:	1065 RIDGEWOOD AVE	
City-St-Zip:	HOLLY HILL, FL 32117	
Title:	S	( ) Delete
Name:	WESLEY, WALT	
Address:	851 MARSH AVE	
City-St-Zip:	FORT MYERS, FL 33905 US	
Title:	D	( ) Delete
Name:	SCOTT, LAVERN B SR	
Address:	2500 MONUMENT ROAD SUITE 204	
City-St-Zip:	JACKSONVILLE, FL 32225 US	
Title:	T	( ) Delete
Name:	HENDERSON, JAMEY	
Address:	219 N. MASSACHUSETTS AVE	
City-St-Zip:	LAKELAND, FL 33801 US	

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:	T	(X) Change ( ) Addition
Name:	LAMBERT, BOBBY	
Address:	200 W. VERMONT AVE.	
City-St-Zip:	DELAND, FL 32720 US	

I hereby certify that the information supplied with this filing does not qualify 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 10/15/2007

Electronic Signature of Signing Officer or Director — Date