

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90063 031 ****61.25

DOCUMENT # N01000003114

1. Entity Name
WESLEY CHAPEL PASCO POLICE ATHLETIC LEAGUE, INC.



Principal Place of Business
**22406 LAUREL DALE DRIVE
LUTZ, FL 33549**

Mailing Address
**PO BOX 7557
ZEPHYRHILLS, FL 33544**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wesley Chapel FL

Zip

Country

Zip

Country

02012004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3700792

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MELINDA EDINGTON
7510 RIVER CEURSE
TAMPA, FL 33637**

7. Name and Address of New Registered Agent

Name **Pete Markley**
Street Address (P.O. Box Number is Not Acceptable)

**6544 Woodsmen Dr
City Zephyrhills FL Zip Code 33544**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Pete Markley, Director

2/13/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **EDINGTON, MELINDA**
STREET ADDRESS **7510 RIVER COURSE**
CITY-ST-ZIP **TAMPA, FL 33637**

TITLE **D** ☐ Delete
NAME **HENDERSON, TIM**
STREET ADDRESS **4023 SNIPE LANE**
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE **T** ☐ Delete
NAME **GOALSJWK-KNETEKE, MORCIA**
STREET ADDRESS **905 CONSERVATION COURT**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☒ Change ☐ Addition
NAME **Markley, Pete**
STREET ADDRESS **6544 Woodsmen Dr**
CITY-ST-ZIP **Zephyrhills, FL 33544**

TITLE **Assistant Director** ☒ Change ☐ Addition
NAME **Knetzke, Bruce R**
STREET ADDRESS **905 Conservation Ct**
CITY-ST-ZIP **Lutz, FL 33548**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-04

Date

813-786-2849

Daytime Phone #