

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90149 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**  
**22406 LAUREL DALE DRIVE**  
**LUTZ FL 33549**

**2. Principal Place of Business**

**3. Mailing Address**  
**PO Box 7557**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Wesley Chapel, FL**

Zip

Country

Zip  
**33544**

Country  
**Pasco**

**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**

**SCHWARBEL, CHRISTINA**  
**22406 LAUREL DALE DRIVE**  
**LUTZ FL 33549**

**7. Name and Address of New Registered Agent**

Name **Melinda Edington**

Street Address (P.O. Box Number is Not Acceptable)

**7510 River Course**

City **Tempe Terrace**

**FL**

Zip Code  
**33637**

**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** *Melinda Rarb Edington*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/28/03**  
DATE

**FILE NOW: FEE IS \$61.25**

**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** **SCHWERBEL, CHRISTINA**  
**STREET ADDRESS** **22406 LAUREL DALE DRIVE**  
**CITY-ST-ZIP** **LUTZ FL 33549**

**TITLE** **VD** ☒ Delete  
**NAME** **PETLIT, BILL**  
**STREET ADDRESS** **4251 LONGSHORE DRIVE**  
**CITY-ST-ZIP** **LAND O' LAKES FL 34639**

**TITLE** **DT** ☒ Delete  
**NAME** **KRETZKE, BRUCE**  
**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** **Melinda Edington**  
**STREET ADDRESS** **7510 River Course**  
**CITY-ST-ZIP** **Tempe Terrace, FL 33637**

**TITLE** **Assist. Director** ☒ Change ☐ Addition  
**NAME** **Tim Henderson**  
**STREET ADDRESS** **4023 SNIP LANE**  
**CITY-ST-ZIP** **Land O' Lakes, FL 34639**

**TITLE** **Treasurer** ☒ Change ☐ Addition  
**NAME** **Marcia Gaalswijk-Knetzke**  
**STREET ADDRESS** **905 Conservation Ct**  
**CITY-ST-ZIP** **Lutz, FL 33549**

**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 REQUIRED**

*Melinda Edington* **1/28/03** **(813) 997-6861**

CR2E037 (10/02)