2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000000317

1. Entity Name
HOLLY HILL POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business	Mailing Address
1065 RIDGEWOOD AVENUE HOLLY HILL, FL 32117-2807	1065 RIDGEWOOD AVENUE HOLLY HILL, FL 32117

01192005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
81-0553726
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, SCOTT E
595 WEST GRANADA BOULEVARD
SUITE A, GRANADA OAKS PROFESSIONAL BLDG.
ORMOND BEACH, FL 32174

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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 _____
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S/D
NAME	HUTCHINSON, JUDITH F
STREET ADDRESS	1065 RIDGEWOOD AVENUE
CITY-ST-ZIP	HOLLY HILL, FL 321172807
TITLE	P/D
NAME	BEACH, CHARLES W
STREET ADDRESS	1065 RIDGEWOOD AVENUE
CITY-ST-ZIP	HOLLY HILL, FL 321172807
TITLE	V/D
NAME	WILLIAMS, DONALD
STREET ADDRESS	1065 RIDGEWOOD AVENUE
CITY-ST-ZIP	HOLLY HILL, FL 321172807
TITLE	T
NAME	GUBERNATOR, BRENDA G
STREET ADDRESS	1065 RIDGEWOOD AVENUE
CITY-ST-ZIP	HOLLY HILL, FL 321172807
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/05-80041-018 61.25

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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: Brenda G. Gubernator 1/19/05 (386)248-9437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #