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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2005 JUL -8 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50052897

DOCUMENT # N04000004009

1. Entity Name
ESCAMBIA COUNTY-POLICE ATHLETIC LEAGUE (PAL), INCORPORATED

Principal Place of Business	Mailing Address
6065 SOUTH GULF MANOR PENSACOLA, FL 32526-1568	6065 SOUTH GULF MANOR PENSACOLA, FL 32526-1568

02092005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIMONTE, BOB 579 72ND AVE APT #1 PENSACOLA, FL 32506	Name: MEL STINSON Street Address (P.O. Box Number is Not Acceptable): 3535 Flintwood Circle City: Pensacola FL Zip Code: 32504

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: Mel Stinson Mel Stinson Registered Agent 3/11/05
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCOO MCNESBY, RON SHERIFF 1700 WEST LEONARD STREET PENSACOLA, FL 325011568	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MEL STINSON 3535 Flintwood Cir. Pensacola, FL 32504 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DIMONTE, BOB 579 SOUTH 72ND AVE APT #1 PENSACOLA, FL 32506	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RAMOS, ABEL (RAY) 6065 SOUTH GULF MANOR PENSACOLA, FL 325261568	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PARKER-SMILEY, DEBORAH PO BOX 18132 PENSACOLA, FL 32523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCFO GUTTMANN, MICHAEL ESQ 314 SOUTH BAYLAN STREET PENSACOLA, FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DAVIS, KENNETH L 524 WEST ROMONA STREET PENSACOLA, FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Michael L. Guttmann 3/11/05 850-434-7445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #