2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90086 050 ****61.25

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ESCAMBIA COUNTY-POLICE ATHLETIC LEAGUE (PAL),



INCORPO	ORATED				1.00	- Table	4. 4. 4.								
6065 SOUTH	ee of Business 1 GULF MANOR , FL 32526-1568	6065	ailing Address 065 SOUTH GULF MANOR ENSACOLA, FL 32526-1568				4.01	000	יטענ	_					
2. Principal P	Place of Business - No P.O. Box #	3. Mail	ing Address							j i					
`						118611184	114 BB 111 1			1 06111 681		. 181921 87 188	"		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04052007 Chg-NP CR2E037 (12/06)									
City & State			City & State				4. FEI Number								
Zip	Country	Country Zip		Cour	nlry		5. Certificate of Status Desired						\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registere	d Agent				7. Name and	d Add	ress of l	New R	egister	ed Agent			
RAMOS A	ARFI R			ļ	Name										
RAMOS, ABEL R 6065 SOUTH GULF MANOR PENSACOLA, FL 32526			Street Address				P.O. Box Numb	oer is l	Not Acce	eptable	e) i				
	,										•				
			•		City						F	L Zip C	ode		
8. The above	named entity submits this statement for	or the purp	ose of changing its re	gistere	d office or	registere	ed agent, or be	oth, in	the State	e of Flo	rida. I	am familiar w	ith, and acc	cept	
the obligat	tions of registered agent.														
SIGNATURE .	A SPA														
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if app	kcable. (NOTE: R	legistered	Agent signatur	re required	when reinstating)				DA	rE.		•	
Filing Fee is \$61.25 9. Election Campaign									T					-	
	Filing Fee is \$61.25		9. Election Camp	aign Fi	nancing		\$5.00 May	Be		M	ake ch	eck payabl	e to		
	Filing Fee is \$61.25 Due by May 1, 2007		Election Camp Trust Fund Cor	-			\$5.00 May Added to Fee:					eck payabl partment o			
10.	_	RECTORS	Trust Fund Cor	-			Added to Fee:	s	ES TO O	Flori	ida De	partment o	State		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

ABEL TRAMBS MUR Kannus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (BSZ) 944-5636 SIGNATURE: