2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N04000008299

Entity Name: POLICE ATHLETIC LEAGUE OF HALLANDALE BEACH, INC.

Current Principal Place of Business:

400 S. FEDERAL HWY
HALLANDALE, BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

400 S. FEDERAL HWY
HALLANDALE, BEACH, FL 33009

New Mailing Address:

FEI Number: 42-1644205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGILL, THOMAS A CHIEF
400 S. FEDERAL HWY
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ADKINS, DANIEL SR
Address: 831 N. FEDERAL HIGHWAY
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: VP ( ) Delete
Name: GREENBERGER, STEPHEN SR
Address: 4101 N. 48TH AVE
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VP ( ) Delete
Name: PERLMAN, BOB
Address: 2017 SOUTH OCEAN DR
City-St-Zip: HALLANDALE BEACH, FL 33009 FL

Title: S ( ) Delete
Name: FISHER, STACEY S
Address: 640 SW 7TH COURT
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: T ( ) Delete
Name: LADOLCETTA, PATRICIA
Address: 400 S FEDERAL HWY.
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA M. LADOLCETTA T 04/20/2009

Electronic Signature of Signing Officer or Director — Date