

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90016 035 ****61.25

DOCUMENT # N04000009891					
1. Entity Name LAKE WALES POLICE ATHLETIC LEAGUE, INC.					
Principal Place of Business 923 STRATHMORE PLACE LAKE WALES, FL 33853			Mailing Address P.O. BOX 3981 LAKE WALES, FL 33859		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1782938	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNS, TIMOTHY W 923 STRATHMORE PLACE LAKE WALES, FL 33853			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Timothy Burns</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Timothy Burns</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <i>3-25-08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD	NAME BURNS, TIMOTHY	<input type="checkbox"/> Delete	TITLE VP	NAME Kevin Whitaker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 923 STRATHMORE PLACE	LAKE WALES, FL 33853		STREET ADDRESS 2638 Rosewood Circle	Lake Wales, FL 33898	
CITY - ST - ZIP	LAKE WALES, FL 33853		CITY - ST - ZIP	Lake Wales, FL 33898	
TITLE VP	NAME YORK, SCOTT	<input checked="" type="checkbox"/> Delete	TITLE S	NAME Diane DeMent	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 932 PEMBROOKE PLACE	LAKE WALES, FL 33853		STREET ADDRESS 3563 Kings Ct.	Lake Wales, FL 33898	
CITY - ST - ZIP	LAKE WALES, FL 33853		CITY - ST - ZIP	Lake Wales, FL 33898	
TITLE SEC	NAME CHURCH, BETH	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2057 BEL OMBRE CIRCLE	LAKE WALES, FL 33898		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP	LAKE WALES, FL 33898		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TRES	NAME WALLACE, JENNIFER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1403 CHAMBERLAIN LOOP	LAKE WALES, FL 33853		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP	LAKE WALES, FL 33853		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP	<input type="checkbox"/> Delete		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>Jennifer Wallace</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>3/25/08</i> 863-528-5324 <small>Date Daytime Phone #</small>		