

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009891

FILED
Apr 29, 2009
Secretary of State

Entity Name: LAKE WALES POLICE ATHLETIC LEAGUE, INC.

Current Principal Place of Business:

923 STRATHMORE PLACE
LAKE WALES, FL 33853

New Principal Place of Business:

827 HILLSIDE AVE
LAKE WALES, FL 33853

Current Mailing Address:

P.O. BOX 3981
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 20-1782938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, TIMOTHY W
923 STRATHMORE PLACE
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

TUCKER, JAMES B
827 HILLSIDE AVE
LAKE WALES, FL 33853 US

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: JAMES B TUCKER

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURNS, TIMOTHY
Address: 923 STRATHMORE PLACE
City-St-Zip: LAKE WALES, FL 33853

Title: S () Delete
Name: DEMENT, DIANE
Address: 3563 KINGS CT
City-St-Zip: LAKE WALES, FL 33898

Title: TRES () Delete
Name: WALLACE, JENNIFER
Address: 1403 CHAMBERLAIN LOOP
City-St-Zip: LAKE WALES, FL 33853

Title: VP () Delete
Name: WHITAKER, KEVIN
Address: 2638 ROSEWOOD CIRCLE
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: TUCKER, JAMES B
Address: 827 HILLSIDE AVE
City-St-Zip: LAKE WALES, FL 33853

Title: S (X) Change () Addition
Name: DEMENT, JAUNITA
Address: 3563 KINGS CT
City-St-Zip: LAKE WALES, FL 33898

Title: TRES (X) Change () Addition
Name: EISENMAN, KRISTEN
Address: 786 LUCAYA DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: VP (X) Change () Addition
Name: RHEINER, DEBORAH K
Address: 2420 LIVE OAK TRAIL
City-St-Zip: LAKE WALES, FL 33898

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: JAMES B TUCKER

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date