2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007446

FILED Mar 28, 2009 Secretary of State

Entity Name: NORTH BAY VILLAGE POLICE ATHLETIC / ACTIVITIES LEAGUE, INC.

Current P	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
7903 EAS	/E LISA GITTN T DRIVE AY VILLAGE, F				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX	/E LISA GITTN 41-6061 ACH, FL 3314				
FEI Number:	: 74-3152398	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
7903 EAS	LISA E DIREC T DRIVE AY VILLAGE, F				
	named entity s e of Florida.	submits this statement for the pu	urpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () ROMER, CIND P.O. BOX 41-60 MIAMI BEACH,	D61	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EXD () GITTNER, LISA P.O. BOX 41-60 MIAMI BEACH,	D61	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () GITTNER, COR P.O. BOX 41-60 MIAMI BEACH,	061	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () RODRIGUEZ, N P.O. BOX 41-60 MIAMI BEACH,	061	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KRUCZEK, BYF 7601 EAST TRI	Delete RON EASURE DR #422 LLAGE, FL 33141	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () BABANI, OLGA P.O. BOX 41-60 MIAMI BEACH,	D61	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LISA GITTNER O/D 03/28/2009