2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23521

FILED Apr 22, 2009 Secretary of State

Entity Name: POLICE ATHLETIC LEAGUE OF CLAY COUNTY, INC.

	Principal Place	of Business:	New Principal Place	e of Business:	
	NDING BLVD BURG, FL 3206	8 US			
Current N	Mailing Addres	s:	New Mailing Addres	ss:	
	NDING BLVD BURG, FL 3206	8 US			
FEI Number	r: 59-2795523	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1836 BLAI MIDDLEB The above	ANGER, MARK NDING BLVD BURG, FL 3206 e named entity ste of Florida.	8 US	e purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	IRE:				
	Electron	ic Signature of Registered A	Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
	, ,	Delete	Title:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BESELER, RIC 901 N ORANGE GREEN COVE	K PRES	Name: Address: City-St-Zip:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	901 N ORANGE GREEN COVE : VPD () HENDRY, GAYV 901 N ORANGE	K PRES : AVE SPRINGS, FL 32043 Delete WARD VP	Name: Address:	() Change () Addition	
Name: Address:	901 N ORANGE GREEN COVE: VPD () HENDRY, GAYV 901 N ORANGE GREEN COVE:	K PRES E AVE SPRINGS, FL 32043 Delete WARD VP E AVE SPRINGS, FL 32043 Delete COMM G BLVD	Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	901 N ORANGE GREEN COVE: VPD () HENDRY, GAYY 901 N ORANGE GREEN COVE: CD () GADEN, MEL () 1836 BLANDING MIDDLEBURG,	K PRES EAVE SPRINGS, FL 32043 Delete WARD VP EAVE SPRINGS, FL 32043 Delete COMM G BLVD FL 32068 Delete R, MARK EXEC DI SBLVD	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() 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: PATRICE BELL SD 04/22/2009