

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31138

FILED
Jan 11, 2006
Secretary of State

Entity Name: HOMESTEAD POLICE ATHLETIC LEAGUES, INC.

Current Principal Place of Business:

600 S.W. 14TH AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

4 SOUTH KROME AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 59-6000339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOWE, EDWARD F JR.
4 S.KROME AVENUE
HOMESTEAD, FL 33030 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: PD () Delete
Name: EDWARDS, T.
Address: 4 S. KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: VPD () Delete
Name: SCOTT, WILLIE
Address: 4 S. KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: SD () Delete
Name: ANDREWS, HERBERT
Address: 4 S. KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: T () Delete
Name: BOWE, EDWARD F JR.
Address: 4 S. KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: T () Delete
Name: ROLLE, A.
Address: 4 SOUTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EDWARDS, TYRONE
Address: 4 S. KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

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

Title: SD (X) Change () Addition
Name: PETERSON, ROBIN
Address: 4 S. KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

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

Title: T (X) Change () Addition
Name: ROLLE, ALEXANDER E JR
Address: 4 SOUTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD F. BOWE JR.

T

01/11/2006

Electronic Signature of Signing Officer or Director

Date