


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90020 003 \*\*\*\*70.00

<b>DOCUMENT # N31138</b> 1. Entity Name <b>HOMESTEAD POLICE ATHLETIC LEAGUES, INC.</b>					
Principal Place of Business <b>600 S.W. 14TH AVENUE HOMESTEAD, FL 33030</b>			Mailing Address <b>4 SOUTH KROME AVENUE HOMESTEAD, FL 33030</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03102008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-6000339</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FOGLIA, THOMAS MR. 4 S.KROME AVENUE HOMESTEAD, FL 33030</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD EDWARDS, TYRONE 4 S. KROME AVENUE HOMESTEAD, FL 33030</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD FOGLIA, THOMAS MR. 4 S. KROME AVENUE HOMESTEAD, FL 33030</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WIGGINS, ALISHA MS. 4 S. KROME AVENUE HOMESTEAD, FL 33030</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T VILLARONGA, JOSE MR. 4 S. KROME AVENUE HOMESTEAD, FL 33030</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROLLE, ALEXANDER E JR 4 SOUTH KROME AVENUE HOMESTEAD, FL 33030</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> <i>Thomas Foglia</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>THOMAS FOGLIA</b>		03/10/08 Date		305-214-5535 Daytime Phone #	