FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:07

DOCUMENT # N32197 (8)

1. Corporation Name

POLICE ATHLETIC LEAGUE OF MANATEE COUNTY, INC.

Principal Place of Business	Mailing Address
1601 8TH AVE DRIVE WEST BRADENTON FL 34206	1601 8TH AVE DRIVE WEST BRADENTON FL 34206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1989
3a. Date of Last Report: 05/18/1994
4. FEI Number: 65-0122462 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ROBINSON, LAYON F.,II
442 OLD MAIN STREET
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	C	☒ Change ☐ Addition
NAME	BADALAMENTI, VITO	1.2 NAME	Robinson, Layon F. II	
STREET ADDRESS	1004 9TH AVENUE W.	1.3 STREET ADDRESS	442 Old Main Street	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	D	2.1 TITLE	V	☐ Change ☒ Addition
NAME	ROBINSON, LAYON F. II	2.2 NAME	VanBuren, Dr. George	
STREET ADDRESS	442 OLD MAIN STREET	2.3 STREET ADDRESS	2703 19th St. Ct. E.	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	D	3.1 TITLE	T	☐ Change ☒ Addition
NAME	WELLS, SHERIFF CHARLES	3.2 NAME	Brooks, Chester	
STREET ADDRESS	515 11TH ST. W.	3.3 STREET ADDRESS	6404 Manatee Ave. W., Suite L	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	D	4.1 TITLE	S	☐ Change ☒ Addition
NAME	PRESHA, WALTER (MICKEY)	4.2 NAME	Erwin, Carol	
STREET ADDRESS	P.O. BOX 106 N/A	4.3 STREET ADDRESS	6427 Lafayette Road	
CITY-ST-ZIP	PARRISH FL	4.4 CITY-ST-ZIP	Bradenton, FL 34207	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSON, EZELL	5.2 NAME	Foster, Brenda	
STREET ADDRESS	914 7TH AVENUE EAST	5.3 STREET ADDRESS	1545 21st St. E., Apt. D30	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BING, BRENDA	6.2 NAME	Presha, Walter (Mickey)	
STREET ADDRESS	1545 21ST ST. E.,APT D30	6.3 STREET ADDRESS	P.O. Box 106 WA	
CITY-ST-ZIP	BRADENTON FL	6.4 CITY-ST-ZIP	Parrish, FL 34219	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063253