

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

05/09/1989

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME ROBINSON, LAYON F II
STREET ADDRESS 442 OLD MAIN STREET
CITY-ST-ZIP BRADENTON FL

☐ DELETE

TITLE V
NAME VANBUREN, DR. G
STREET ADDRESS 2703 19TH ST. CT. E.
CITY-ST-ZIP BRADENTON FL

☐ DELETE

TITLE T
NAME BROOKS, CHESTER
STREET ADDRESS 6404 MANATEE AVE. W., SUITE L
CITY-ST-ZIP BRADENTON FL

☐ DELETE

TITLE S
NAME ERWIN, CAROL
STREET ADDRESS 6427 LAFAYETTE ROAD
CITY-ST-ZIP BRADENTON FL

☒ DELETE

TITLE D
NAME FOSTER, BRENDA
STREET ADDRESS 1545 21ST ST., E., APT. D30
CITY-ST-ZIP BRADENTON FL

☒ DELETE

TITLE D
NAME PRESHA, WALTER (PARRISH FL)
STREET ADDRESS P O BOX 106 N/A
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

S

Foster, Brenda

202 13th Ave. E.

Bradenton, FL

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

Richert, Tim

4005 51st St. E.

Bradenton, FL

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900001913239

-08/06/96--01006--020

*** 70.00

☐ Change

☐ Addition

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)(k), 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 #

0014177

CR2E037 (3/96)