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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR 20 PM 2:24

DOCUMENT # N33668 (7)

1. Corporation Name
POLICE ATHLETIC LEAGUE OF SARASOTA COUNTY, INC.

Principal Place of Business	Mailing Address
1605 MAIN STREET SARASOTA FL 34230	PO BOX 4115 SARASOTA FL 34230 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1989
3a. Date of Last Report: 03/24/1994
4. FEI Number: 65-0154597 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: 2071 RINGLING BLVD	2a. Mailing Address 26: ATT: FISCAL SERVICES	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27: P O BOX 4115	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23: SARASOTA FL	City & State 28: SARASOTA FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24: 34237 Country 25: US	Zip 29: 34230-4115 Country 30: US	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
SCOVILL, EVELYN 1605 MAIN STREET SUITE 912 SARASOTA FL 34236	81 Name: PATRICIA D ROGGE 82 Street Address (P.O. Box Number is Not Acceptable): 2071 RINGLING BLVD 83: 84 City: SARASOTA FL 85 Zip Code: 34237

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: [signature] PATRICIA D ROGGE, FISCAL DIRECTOR 3/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MONGE, GEOFFREY	1.2 NAME	
STREET ADDRESS	2071 RINGLING BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	DUNKLEE, LARRY	2.2 NAME	KENNEY, KEVIN
STREET ADDRESS	2071 RINGLING BLVD.	2.3 STREET ADDRESS	2071 RINGLING BLVD
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA FL 34237
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SUPLEE, RAY	3.2 NAME	
STREET ADDRESS	1770 WOOD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	P/D ☒ Change ☐ Addition
NAME	SCOVILL, H. WILLIAM	4.2 NAME	BOEHM, DAVID
STREET ADDRESS	1605 MAIN STREET #912	4.3 STREET ADDRESS	527 BEACH ROAD
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA FL 34242
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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] KEVIN KENNEY DIRECTOR 3/13/95 (813) 951-5038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043216