

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N33668 (7)
1. Corporation Name
POLICE ATHLETIC LEAGUE OF SARASOTA COUNTY, INC.



Principal Place of Business
**2071 RINGLING BLVD
SARASOTA FL 34237
US**

Mailing Address
**ATT: FISCAL SERVICES
P O BOX 4115
SARASOTA FL 34230-4115
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/11/1989		3a. Date of Last Report 03/20/1995	
21		26		4. FEI Number 65-0154597		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip		25 Country		29 Zip		30 Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROGGE, PATRICIA D 2071 RINGLING BLVD SUITE 912 SARASOTA FL 34237				81 Name Joel W. Walters			
				82 Street Address (P.O. Box Number is Not Acceptable) 1819 Main Street, Suite 1100			
				83			
				84 City Sarasota FL 85 Zip Code 34236			

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]* **Joel Walters, President** **4/9/96**
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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KENNEY, KEVIN			2.2 NAME			
STREET ADDRESS	2071 RINGLING BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SUPLEE, RAY			3.2 NAME	JOEL WALTERS		
STREET ADDRESS	1770 WOOD STREET			3.3 STREET ADDRESS	1819 MAIN ST. SUITE 1100		
CITY-ST-ZIP	SARASOTA FL			3.4 CITY-ST-ZIP	SARASOTA, FL 34230		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BOEHM, DAVID			4.2 NAME	WILLIAM DUNN		
STREET ADDRESS	527 BEACH ROAD			4.3 STREET ADDRESS	2967 BEE RIDGE RD.		
CITY-ST-ZIP	SARASOTA FL			4.4 CITY-ST-ZIP	SARASOTA, FL 34232		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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]* **KEVIN KENNEY, DIRECTOR** **4/12/96** **(941) 951-5004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)