## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N33668

(7)

## POLICE ATHLETIC LEAGUE OF SARASOTA COUNTY, INC.

Principal Place of Business		Mailing Address	Mailing Address		it 1844 bibil bibit bibit bibil bibit bibit 1881	
2071 RINGLING BLYD		ATT: FISCAL SERVICES				
SARASOTA FL 34237		P O BOX 4115 SARASOTA FL 34230-4115	P O BOX 4115 SARASOTA FL 34230-4115			
		US		3. Date Incorporated or Qualified 08/11/1989	3a. Date of Last Report 04/17/1996	
· '	lace of Business	2a. Mailing Address		4. FEI Number 65-0154597	Applied For	
21		26			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>├</b> ── ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		\$8.75 Additional	
22		City & State			Fee Hequired	
City & State		<u></u>	<del> </del>		\$5.00 May Be	
Z <sub>I</sub> D	Country	<b>28</b>	Country	Trust Fund Contribution	LJ Added to Fees	
24	25	29 30	, ·	8. This corporation has liability for Florida Statutes	Intangible tax under s. 199.032,	
	9. Name and Address of Cui			10. Name and Address of New Re		
			81 Name -	BEN SIZEMORE	<del></del>	
JOEL W. WALTERS				Address (P.O. Box Number is Not Acceptal	hlal	
	AIN STREET, SUITE 1100		40	53 PALAU DRIVE		
SARASO	DTA FL 34236		83			
			84 City 0		85 Zip Code	
			' 3	ARASOTA	FL   34241	
11. Pursuant office or r	to the previsions of Sections 617. edistered agent, or both, in the Si	0502 and 617,1508, Florida Statutes, tate of Florida. Such change was aut	, the above-named of	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered	
agent. I a	11. Pursuant to the previsions 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 US - ) LIN L ) CHAMING BEN SIZEMORE, PRESIDENT						
12.	Signature, typed or printed name of registered OFFICESS	d And and title Trapplicable (NOTE: R	Registered Agent signature n	required when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12	
TITLE	D	DELETE		D ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	MONGE, GEOFFREY		1.2 NAME	JEFFREY M. BELL	Times and the second	
STREET ADDRESS	2071 RINGLING BLVD.		1.3 STREET ADDRESS	2071 RINGLING BLVD.		
CITY-ST-ZIP	SARASOTA FL			SARASOTA, FL 34237		
TITLE	D	DELETE	4	P	, Change Addition	
NAME	Kenney, Kevin		2.2 NAME	BEN SIZEMORE		
STREET ADDRESS	2071 RINGLING BLVD		2.3 STREET ADDRESS	4053 PALAN DRIVE		
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-ST-ZIP	SARASOTA, FL 34241		
TITLE	P	<b>U</b> DELETE	3.1 TITLE	Ţ	Change Addition	
NAME	JOEL WALTERS		3.2 NAME	Mark Davy 1605 Main Street		
STREET ADDRESS	1819 MAIN ST. SUITE 110	00	3.3 STREET ADDRESS	SARASOTA, FL 34246		
CITY-ST-ZIP	SARASOTA FL		5. t. 5.t. Qt ga			
TITLE	T	DELETE	4.1 TITLE	\$ <b>T</b> 'con 15044	☐ Change ☐ Addition	
NAME	WILLIAM DUNN		T. E. (III GILE	TERRY LEWIS 2071 RINGLING BLVD.		
STREET ADDRESS	2967 BEE RIDGE RD.	1	4.3 STREET ADDRESS	SARASOTA, FL 34237		
CITY-ST-ZIP	SARASOTA FL	Delete		9472.1		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME	ſ		5.2 NAME			
STREET ADDRESS	ı		5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CiTY-ST-ZiP		[ A [ A	
TITLE	ı	☐ DELETE	6.1 TITLE		Change Addition	
NAME	ı		6.2 NAME			
STREET ADDRESS	1		6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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:

CHAMPEN BULL BEFREY IN BELL

2/4/97

(941) 951-5004

**FILED** 

Mar 13 1997 8:00am

Secretary of State