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FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/11/1989
4. FEI Number 65-0154597
Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SIXEMORE, BEN 4053 PALAU DR. SARASOTA FL 34241
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10. Name and Address of New Registered Agent 81 Name ROSSI, RICHARD 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 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 **SGT. RICHARD ROSSI** **01/30/98**
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	<input type="checkbox"/> DELETE
NAME	D MONGE, GEOFFREY
STREET ADDRESS	2071 RINGLING BLVD.
CITY-ST-ZIP	SARASOTA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P SIZEMORE, BEN
STREET ADDRESS	4053 PALAS DR
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	T DAVY, MARK
STREET ADDRESS	1605 MAIN ST
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	S LEWIS, TERRY
STREET ADDRESS	2071 RINGLING BLVD
CITY-ST-ZIP	SARASOTA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D BELL, JEFFREY M.
STREET ADDRESS	2071 RINGLING BLVD
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D PUCCIO, ANTHONY
2.3 STREET ADDRESS	1812 S OSPREY AVE
2.4 CITY-ST-ZIP	SARASOTA FL 34239
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D ROSSI, RICHARD
5.3 STREET ADDRESS	2071 RINGLING BLVD.
5.4 CITY-ST-ZIP	SARASOTA FL 34237
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V SUPLEE, RAY
6.3 STREET ADDRESS	800 S OSPREY AVE
6.4 CITY-ST-ZIP	SARASOTA FL 34236

14. I 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: **SGT. RICHARD ROSSI** **01/30/98**
941-951-5929

CP2E037 (10/97)