

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35227

FILED
Apr 25, 2008
Secretary of State

Entity Name: MIRAMAR POLICE ATHLETIC LEAGUE, INC.

Current Principal Place of Business:

8915 MIRAMAR PKWY.
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

PO BOX 277715
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 65-0187974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HADLEY, SCOTT
7421 ATLANTA STREET
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: AED () Delete
Name: HADLEY, SCOTT
Address: 7421 ATLANTA STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: P () Delete
Name: MINER, JOANNE
Address: 12004 MIRAMAR PARKWAY
City-St-Zip: MIRAMAR, FL 33025 US

Title: T () Delete
Name: ROTH, DONNA
Address: 12555 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33330 US

Title: VP () Delete
Name: WILSMAN, GAYLE
Address: 2231 NW 102 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: D () Delete
Name: LOCKHART, DAVE
Address: 7830 NW 30TH STREET
City-St-Zip: DAVIE, FL 33024 US

Title: D (X) Delete
Name: ROBERTSON, WILLIAM
Address: 8915 MIRAMAR PARKWAY
City-St-Zip: MIRAMAR, FL 33025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ROTH, DONNA
Address: 5400 S. UNIVERSITY DRIVE, SUITE 605
City-St-Zip: DAVIE, FL 33328 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT HADLEY

AED

04/25/2008

Electronic Signature of Signing Officer or Director

Date