

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N37026 (4)

1. Corporation Name

ISLE OF EIGHT FLAGS POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business  
530 S. 10TH STREET  
FERNANDINA BEACH FL 32035Mailing Address  
P.O. BOX 774  
FERNANDINA BEACH FL 32035-07743. Date Incorporated or Qualified 03/10/1990  
3a. Date of Last Report 03/01/1996

2. Principal Place of Business

21 Suite, Apt #, etc

22 City &amp; State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City &amp; State

28 Zip

Country

29

30

4. FEI Number

59-3070813

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

HATTON, JAMES R  
1819 CHESTER RD  
YULEE FL 32097

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

JAMES HATTON EXECUTIVE DIR

James Hatton

1-6-96

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 BMT  
NAME FILEDS, JERRY H  
STREET ADDRESS 2413 1ST AVE APT U-4  
CITY-ST-ZIP FERNANDINA BEACH FL 32034☐ DELETE1.1 TITLE BMT  
1.2 NAME ALBERT CHARLES JR.  
1.3 STREET ADDRESS 612 S. 11 ST.  
1.4 CITY-ST-ZIP FERNANDINA BEACH FL. 32034☐ Change ☒ AdditionTITLE VCD  
NAME STURGES, WALTER E  
STREET ADDRESS 101 S. 2ND ST.  
CITY-ST-ZIP FERNANDINA BEACH FL 32035☐ DELETE2.1 TITLE BMT  
2.2 NAME HOMES BILL  
2.3 STREET ADDRESS 609 S. 14 ST.  
2.4 CITY-ST-ZIP FERNANDINA BEACH FL. 32034☐ Change ☒ AdditionTITLE TD  
NAME WILLIAMS, LAVINIA E  
STREET ADDRESS 530 DIVISION STREET  
CITY-ST-ZIP FERNANDINA BEACH FL 32034☐ DELETE3.1 TITLE BMT  
3.2 NAME WAAS SHANE  
3.3 STREET ADDRESS 1589 BLACK ROCK RD. N.  
3.4 CITY-ST-ZIP YULEE FL. 32097☐ Change ☒ AdditionTITLE BMT  
NAME BELL, THEO D  
STREET ADDRESS 207 SOUTH 16TH ST  
CITY-ST-ZIP FERNANDINA BEACH FL 32034☒ DELETE4.1 TITLE BMT  
4.2 NAME BASS JACK  
4.3 STREET ADDRESS 1457 CASHIN DR.  
4.4 CITY-ST-ZIP FERNANDINA BEACH FL. 32034☐ Change ☒ AdditionTITLE BMT  
NAME PURVIS, TOMMY  
STREET ADDRESS 1807 ATLANTIC AVENUE  
CITY-ST-ZIP FERNANDINA BEACH FL 32034☒ DELETE5.1 TITLE BMT  
5.2 NAME BOE JIM  
5.3 STREET ADDRESS 1105 THRASHER LN.  
5.4 CITY-ST-ZIP FERNANDINA BEACH FL. 32034☐ Change ☒ AdditionTITLE BMT  
NAME EMANUEL, MIKE  
STREET ADDRESS 110 NORTH 14TH ST.  
CITY-ST-ZIP FERNANDINA BEACH FL 32034☐ DELETE6.1 TITLE BMT  
6.2 NAME YOKLEY MATTHEW  
6.3 STREET ADDRESS 1223 TURTLE CREEK DR. N.  
6.4 CITY-ST-ZIP JACKSONVILLE FL. 32218☐ Change ☒ Addition

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:

JAMES HATTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000303

CR2E037 (9/96)