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Secretary of State

02-22-1999 90026 031 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37026

1. Corporation Name

ISLE OF EIGHT FLAGS POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business
530 S. 10TH STREET
FERNANDINA BEACH FL 32035

Mailing Address
P.O. BOX 774
FERNANDINA BEACH FL 32035



* 92773 - 90026 - 31

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/10/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3070813	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				8.75 Additional Fee Required	
6. Election Campaign Financing				5.00 May Be Added to Fees	
Trust Fund Contribution					
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
WAAS, SHANE 1559 BLACKROCK RD N 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, if 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 <u>GYN S. WAAS</u> DATE <u>1.4.99</u>					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	BMT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES, ALBERT JR		1.2 NAME	JERRY FIELDS	
STREET ADDRESS	612 S 11 ST		1.3 STREET ADDRESS	2413 1ST AVE W-4	
CITY-ST-ZIP	FERNANDINA BEACH FL		1.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	BMT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOMES, BILL		2.2 NAME	LAVANIA WILLIAMS	
STREET ADDRESS	609 S 14 ST		2.3 STREET ADDRESS	530 S. DIVISION ST.	
CITY-ST-ZIP	FERNANDINA BEACH FL		2.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	BMT	<input type="checkbox"/> DELETE	3.1 TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAAS, SHANE		3.2 NAME	CURTIS SMITH	
STREET ADDRESS	1559 BLACKROCK RD N		3.3 STREET ADDRESS	MASSAULLE RD	
CITY-ST-ZIP	YULEE FL		3.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	BMT	<input type="checkbox"/> DELETE	4.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASS, JACK		4.2 NAME	NAN VOIT	
STREET ADDRESS	1457 CASHEN DR		4.3 STREET ADDRESS	2466 CASHEN WOOD DR.	
CITY-ST-ZIP	FERNANDINA BEACH FL		4.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMANUEL, MICHAEL		5.2 NAME	TONY GALA	
STREET ADDRESS	110 N 14TH ST		5.3 STREET ADDRESS	2160 E. SALLER ROAD	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		5.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	BMT	<input type="checkbox"/> DELETE	6.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOKLEY, MATTIE		6.2 NAME	JAMES HATTON	
STREET ADDRESS	1223 TURTLE CREEK DR N		6.3 STREET ADDRESS	4125 SEYMOUR PT. ROAD	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-1/11/98