


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90088 004 ****61.25

DOCUMENT # N37026 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3070813	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, SHAWN 8151 ALDERMAN ROAD #405 JACKSONVILLE, FL 32211				7. Name and Address of New Registered Agent Name Shawn Johnson Street Address (P.O. Box Number is Not Acceptable) 4629 Suffolk Avenue City Jacksonville FL Zip Code 32208	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Shawn L. Johnson</i> 1/22/04 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete PERRY, ANNETTE T 3026 PERSIMMON CIRCLE FERNANDINA BEACH, FL 32034				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete WILLIAMS, LAVINIA 530 S. DIVISION ST. FERNANDINA BEACH, FL 32034				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMT <input type="checkbox"/> Delete ALBERT, CHARLES 612 S 11TH STREET FERNANDINA BEACH, FL 32034				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMT <input type="checkbox"/> Delete BAIA, TONY 2160-E SADLER ROAD FERNANDINA BEACH, FL 32034				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMT <input type="checkbox"/> Delete GILBERT, CHARLES 1227 GUM STREET FERNANDINA BEACH, FL 32034				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMT <input type="checkbox"/> Delete HAMMOND, ROBERT 857 ATLANTIC VIEW DRIVE FERNANDINA BEACH, FL 32034				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James Thompson 212 Palmetto Tr. Fernandina Bch, FL 32034				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Lavinia Williams</i> 1/22/04 (904) 277-7342 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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Zip Code 32208

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