

FILED  
Apr 01, 2005 8:00 am  
Secretary of State

04-01-2005 90018 019 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

50032932



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-3070813

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, SHAWN  
4629 SUFFOLK AVE.  
32208  
JACKSONVILLE, FL 32211

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Delete  
NAME PERRY, ANNETTE T  
STREET ADDRESS 3026 PERSIMMON CIRCLE  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME WILLIAMS, LAVINIA  
STREET ADDRESS 530 S. DIVISION ST.  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BMT ☐ Delete  
NAME ALBERT, CHARLES  
STREET ADDRESS 612 S 11TH STREET  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BMT ☒ Delete  
NAME BAIA, TONY  
STREET ADDRESS 2160-E SADLER ROAD  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE BMT ☒ Change ☐ Addition  
NAME THOMPSON, JAMES  
STREET ADDRESS 212 Palmetto Trail  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE BMT ☐ Delete  
NAME GILBERT, CHARLES  
STREET ADDRESS 1227 GUM STREET  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BMT ☐ Delete  
NAME HAMMOND, ROBERT  
STREET ADDRESS 857 ATLANTIC VIEW DRIVE  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/29/05 (904) 277-7342