

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90207 026 ****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**

40055731



01272006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3070813

Applied For

Not Applicable

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

Shawn L. Johnson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-06

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BMT
Williamson, James (Jr.)
909 South Vernon Street
Fernandina Beach, FL 32034** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BMT
Hurley, James T.
1525 Lime Street
Fernandina Beach, FL 32034** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BMT
Robertson, Jay W.
96134 Somerset Drive, Apt. 803
Fernandina Beach, FL 32034** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BMT
THOMPSON, JAMES
212 PALMETTO TRAIL
FERNANDINA BEACH, FL 32034** ☐ Delete

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Lavinia E. Williams
Lavinia E. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 (904) 277-7342
Date Daytime Phone #