


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 APR 28 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box # 1525 Lime Street		3. Mailing Address Same AS Above			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fernandina Bch, FL		City & State		4. FEI Number 59-3070813	
Zip 32034		Country NASSAU		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, SHAWN 4629 SUFFOLK AVE. 32208 JACKSONVILLE, FL 32211				7. Name and Address of New Registered Agent 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 <u>Shawn Johnson, President</u> DATE <u>04-27-08</u> <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, 2008		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			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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMT Smith, June P.O. Box 591 Fernandina Beach, FL 32035
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, LAVINIA 530 S. DIVISION ST. FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMT ALBERT, CHARLES 612 S 11TH STREET FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOWEN, ELAINE 1750S. 14TH FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMT GILBER, JOHN 1525 LIME ST. FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMT HURLEY, JAMES T 1525 LIME ST FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMT Williams, Lavinia 1016 Cedar St. Fernandina Bch, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman SASnett, Patrick 1943 College Cir. North Jacksonville, FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMT yokeley, mattie 1525 Lime St. Fernandina Beach, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johnson, Shawn 4629 Suffolk Ave. Jacksonville, FL 32208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		200126180292 04/28/08--01004--018 **70.00			
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: <u>Annette T. Perry</u> Date <u>04-27-08 (904)</u> Daytime Phone # <u>583-0952</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					