

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39012 (2)
1. Corporation Name
NATIONAL POLICE ATHLETIC LEAGUE FOUNDATION, INC.



Principal Place of Business	Mailing Address
200 CASTLEWOOD DR 400 NORTH PALM BEACH FL 33408-5666 US	200 CASTLEWOOD DR SUITE 400 NORTH PALM BEACH FL 33408-5666 US

3. Date Incorporated or Qualified 07/03/1990	3a. Date of Last Report 03/10/1995
4. FEI Number 65-0208217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 618 US Hwy 1 Suite, Apt. #, etc.	26 618 US Hwy 1 Suite, Apt. #, etc.
22 Suite 201 City & State	27 Suite 201 City & State
23 N. Palm Beach, FL Zip Country	28 N. Palm Beach, FL Zip Country
24 33408 25 US	29 33408 30 US

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, JOSEPH F. 200 CASTLEWOOD DR NORTH PALM BEACH FL 33408				81 Name	Joseph Wilson		
				82 Street Address (P.O. Box Number is Not Acceptable)	618 US Hwy 1, Suite 201		
				83			
				84 City	N. Palm Beach	85 Zip Code	FL

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, or 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <i>M/D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARELLA, MICHAEL J JR	1.2 NAME	Ralph Giardina
STREET ADDRESS	200 CASTLEWOOD DR	1.3 STREET ADDRESS	1490 Franklin Avenue
CITY-ST-ZIP	NORTH PALM BEACH FL	1.4 CITY-ST-ZIP	Mineola, NY 11501-4801
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Immediate Past President <i>D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOSEPH F	2.2 NAME	L.E. Scott
STREET ADDRESS	200 CASTLEWOOD DR	2.3 STREET ADDRESS	2165 W 33rd Street
CITY-ST-ZIP	NORTH PALM BEACH FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32209
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <i>T/D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, SALLY S	3.2 NAME	Lynn Adams
STREET ADDRESS	200 CASTLEWOOD DR	3.3 STREET ADDRESS	P.O. Box 1095 N/A
CITY-ST-ZIP	NORTH PALM BEACH FL	3.4 CITY-ST-ZIP	Lakeland, FL 33802-1095
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Legal Counsel <i>S/T</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, RICHARD J	4.2 NAME	Daniel Akel
STREET ADDRESS	200 CASTLEWOOD DR	4.3 STREET ADDRESS	One Independent Square
CITY-ST-ZIP	NORTH PALM BEACH FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700001908537
STREET ADDRESS		6.3 STREET ADDRESS	-07/30/96--01122--020
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Joseph F. Johnson* 7/3/96 561-844-1823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)