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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
618 US HWY 1 SUITE 201 N. PALM BEACH FL 33408 US
618 US HWY 1 SUITE 201 N. PALM BEACH FL 33408-4609 US

3. Date Incorporated or Qualified 07/03/1990
3a. Date of Last Report 07/30/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 65-0208217 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WILSON, JOSEPH
618 US HWY 1 SUITE 201
NORTH PALM BEACH FL 33408
10. Name and Address of New Registered Agent
81 Name Daniel Akel
82 Street Address (P.O. Box Number is Not Acceptable) % Holbrook, Akel, Cold, et. Al.
83 One Independent Dr., Ste 2301
84 City Jacksonville FL 85 Zip Code 32202

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 [Signature] DATE 3/14/97
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GIARDINA, RALPH	1.2 NAME	
STREET ADDRESS	1490 FRANKLIN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEOLA NY 11501-4801	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	SCOTT, L.E.	2.2 NAME	L.B. SCOTT
STREET ADDRESS	2165 W. 33RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	ADAMS, LYNN	3.2 NAME	
STREET ADDRESS	P.O. BOX 1095 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33802-1095	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	
NAME	AKEL, DANIEL	4.2 NAME	
STREET ADDRESS	ONE INDEPENDENT SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	
NAME	Joseph Wilson	5.2 NAME	
STREET ADDRESS	618 US Hwy 1, Ste 201	5.3 STREET ADDRESS	
CITY-ST-ZIP	North Palm Beach, FL 33408	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 without address.

SIGNATURE: [Signature] DATE 2/18/97 561-844-1823
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0040640

CR2E037 (9/96)