

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jan 23, 1999 8:00am**  
**Secretary of State**

01-23-1999 90040 032 \*\*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N39012**

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 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/03/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0208217	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DANIEL AKEL % HOLBROOK, AKEL, COLD, ET. AL. ONE INDEPENDENT DR, STE 2301 JACKSONVILLE FL 32202				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GIARDINA, RALPH			1.2 NAME			
STREET ADDRESS	35 2ND AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FARMINGDALE NY 11735			1.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	L.B. SCOTT			2.2 NAME			
STREET ADDRESS	2165 W. 33RD STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	AKEL, DANIEL			4.2 NAME			
STREET ADDRESS	ONE INDEPENDENT SQUARE			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOSEPH WILSON			5.2 NAME			
STREET ADDRESS	618 US HWY 1 STE 201			5.3 STREET ADDRESS			
CITY-ST-ZIP	NAORTH PALM BEACH FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Joseph Wilson 1/6/99 561-844-1823  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)