2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

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DOCUMENT # N39012 1. Entity Name NATIONAL POLICE ATHLETIC LEAGUE FOUNDATION, INC.					04-30-2004 90355 034 ****70.00			
Principal Place 618 US HWY SUITE 201 N. PALM BEA		Mailing Address 618 US HWY 1 SUITE 201 N. PAŁM BEACH, FL 33	3408 US		- 1 1 1 1 1 1 1 1 1 1			11 1f 1 01 f
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04132004 Chg-NP	CR2E037 (1	0/03)	
City & State		City & State			4. FEI Number 65-0208217			Applicable
Zip	Country	Zip	Country	_	5. Certificate of Status Desired		75 Addit Required	
	6: Name and Address of Current	Registered Agent			7. Name and Address of Nev	w Registered Agen	t	****
DANIEL AK			Name				-	17.194
DANIEL AKEL % HOLBROOK, AKEL, COLD, ET. AL. ONE INDEPENDENT DR. STE 2301			Street Ac		ess (P.O. Box Number is Not Acceptable)			
	VILLE, FL 32202							
	,	•,	City			FL Z	Zip Code	
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office o	r register	ed agent, or both, in the State of	f Florida. 1 am famili	ar with, a	and accept
	ions of registered agent.	LL a. a. a. a. a. a.						
SIGNATURE .		ANOTE IN COLUMN AND THE PROPERTY OF THE PROPER				0.175		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signa	ture required	when reinstating)	DATE		
SIGNATURE _	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004		npaign Financing	_	\$5.00 May Be	Make check pay		
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Car Trust Fund (mpaign Financing Contribution.		\$5.00 May Be Added to Fees	Make check pay lorida Departmer	nt of Sta	ate .
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIE	9. Election Car Trust Fund (mpaign Financing Contribution.		\$5.00 May Be	Make check pay lorida Departmer	ORS IN	ate 10
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

561-844-1823

Daytine Phone #