

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90355 034 ****70.00



DOCUMENT # N39012
 1. Entity Name
NATIONAL POLICE ATHLETIC LEAGUE FOUNDATION, INC.

Principal Place of Business
 618 US HWY 1
 SUITE 201
 N. PALM BEACH, FL 33408 US

Mailing Address
 618 US HWY 1
 SUITE 201
 N. PALM BEACH, FL 33408 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04132004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 65-0208217

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DANIEL AKEL
% HOLBROOK, AKEL, COLD, ET. AL.
ONE INDEPENDENT DR, STE 2301
JACKSONVILLE, FL 32202

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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 PD Delete
 NAME ROBERTSON, C A
 STREET ADDRESS 1129 MACDONALD AVE
 CITY-ST-ZIP RICHMOND, CA 94804

TITLE PD Change Addition
 NAME Robertson, CA
 STREET ADDRESS 5127 Bentree Way
 CITY-ST-ZIP Antioch, CA 94531

TITLE T Delete
 NAME L.B. SCOTT
 STREET ADDRESS 2165 W. 33RD STREET
 CITY-ST-ZIP JACKSONVILLE, FL

TITLE T Change Addition
 NAME Scott, L.B.
 STREET ADDRESS 2500 Monument Rd, Ste. 204
 CITY-ST-ZIP Jacksonville, FL 32225

TITLE V Delete
 NAME WILSON, GREGG
 STREET ADDRESS 305 WASHINGTON ST
 CITY-ST-ZIP OAKLAND, CA 946073810

TITLE V Change Addition
 NAME Wilson, Gregg
 STREET ADDRESS 2000 4th St.
 CITY-ST-ZIP San Leandro, CA 94577

TITLE T Delete
 NAME AKEL, DANIEL
 STREET ADDRESS ONE INDEPENDENT SQUARE
 CITY-ST-ZIP JACKSONVILLE, FL

TITLE T Change Addition
 NAME Akel, Daniel
 STREET ADDRESS One Independent Dr. #2301
 CITY-ST-ZIP Jacksonville, FL 32202

TITLE D Delete
 NAME HART, BRAD
 STREET ADDRESS 618 US HWY 1 STE 201
 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE D Change Addition
 NAME McDonnell, Cliff
 STREET ADDRESS 618 US Highway One, Ste. 201
 CITY-ST-ZIP North Palm Beach, FL 33408

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Change Addition
 NAME Benton, Rick
 STREET ADDRESS 901 N. Post Road
 CITY-ST-ZIP Indianapolis, IN 46219

12. I 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 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: Cliff McDonnell 4/20/04 561-844-1823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #