

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:33

DOCUMENT # N49101 (1)

1. Corporation Name

WEST VOLUSIA POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

Mailing Address

200 WEST VERMONT AVE
DELAND FL 32720
US

PO BOX 569
DELAND FL 32721-0569
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3148576

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAIS, STEPHEN
4168 N. GRAND AVENUE
DELAND FL 32720

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Stephen Blais, Secretary

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME DOWNS, AL
STREET ADDRESS 1913 LADY BUG LANE
CITY-ST-ZIP DELAND FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 32720 ZIP

TITLE V
NAME HOLYCROSS, CONNIE
STREET ADDRESS 123 E INDIANA AVE
CITY-ST-ZIP DELAND FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 32724 ZIP

TITLE T
NAME BLACK, ANGIE
STREET ADDRESS 164 SOUTH COLORADO AVE
CITY-ST-ZIP DELAND FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME TREASURER
3.3 STREET ADDRESS Kelly Green
133 West Indiana Avenue
3.4 CITY-ST-ZIP DELAND, FLORIDA 32724

TITLE S
NAME BLAIS, STEPHEN
STREET ADDRESS 4168 NORTH GRAND AVENUE
CITY-ST-ZIP DELAND FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 32720 ZIP

TITLE D
NAME DILLIGARD, LARRY
STREET ADDRESS 400 SPRING GARDEN AVE
CITY-ST-ZIP DELAND FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 32720 ZIP

TITLE D
NAME QUICK, WALTER
STREET ADDRESS 1300 S WOODLAND BOULEVARD
CITY-ST-ZIP DELAND FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 32724 ZIP

14. I do hereby certify that the information furnished 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Blais

2-28-95

DATE

(904) 736-2880

TELEPHONE

200 WEST VERMONT AVE
DELAND FL 32720
US

PO BOX 569
DELAND FL 32721-0569
US

N49101

3. Date Incorporated or Qualified	05/27/1992	3a. Date of Last Report	05/01/1994
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5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	☐	\$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	☒	\$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☒ No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

BLAIS, STEPHEN
1168 N. GRAND AVENUE
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Stephen Blais, Secretary DATE 2-28-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☒ Addition
NAME	DOWNES, AL	1.2 NAME	
STREET ADDRESS	1913 LADY BUG LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	32720 ZIP ☐ Change ☒ Addition
TITLE	V	2.1 TITLE	
NAME	HOLYCROSS, CONNIE	2.2 NAME	
STREET ADDRESS	123 E INDIANA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	32724 ZIP ☒ Change ☐ Addition
TITLE	T	3.1 TITLE	TREASURER
NAME	BLACK, ANGIE	3.2 NAME	Kelly Green
STREET ADDRESS	184 SOUTH COLORADO AVE	3.3 STREET ADDRESS	133 WEST INDIANA AVENUE
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	DELAND, FLORIDA 32724 ☐ Change ☒ Addition
TITLE	S	4.1 TITLE	
NAME	BLAIS, STEPHEN	4.2 NAME	
STREET ADDRESS	4168 NORTH GRAND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	32720 ZIP ☐ Change ☒ Addition
TITLE	D	5.1 TITLE	
NAME	DILLIGARD, LARRY	5.2 NAME	
STREET ADDRESS	400 SPRING GARDEN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP	32720 ZIP ☐ Change ☒ Addition
TITLE	D	6.1 TITLE	
NAME	QUICK, WALTER	6.2 NAME	
STREET ADDRESS	1300 S WOODLAND BOULEVARD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	6.4 CITY-ST-ZIP	32724 ZIP ☐ Change ☒ Addition

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)(a), 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 a change) or on an attachment with an address.

SIGNATURE: Stephen Blais DATE 2-28-95 TELEPHONE # (904) 736-2880

Are these people are still
the same except

For zip code
info which
is not under
changes

These are our changes:
zip codes for officers & directors
plus a new treasurer