

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/27/1992		3a. Date of Last Report 03/24/1995	
21		26		4. FEI Number 59-3148576		☐ Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
23		28					
Zip	Country	Zip	Country				
24		29					

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 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: typed or printed name of registered agent and the if appropriate

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DOWNS, AL 1913 LADY BUG LANE DELAND FL	1.1 TITLE	D Rak, Marty 3063 Enterprise Road, Suite 31 Debary, FL 32713
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V HOLYCROSS, CONNIE 123 E INDIANA AVE DELAND FL	2.1 TITLE	V Ford, Frank A. Ford, Jr. 145 E. Rich Avenue DeLand, FL 32720
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T GREEN, KELLY 133 WEST INDIANA AVENUE DELAND FL	3.1 TITLE	P Ford, Frank A. Ford, Jr. 145 E. Rich Avenue DeLand, FL 32720
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S BLAIS, STEPHEN 4168 NORTH GRAND AVENUE DELAND FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D DILLIGARD, LARRY 400 SPRING GARDEN AVE DELAND FL	5.1 TITLE	T
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D QUICK, WALTER 1300 S WOODLAND BOULEVARD DELAND FL	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 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

Sec.

2-20-96

Date

(404) 736-2880

Daytime Phone #

CR2E037 (12/95)