FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # N 1. Corporation Name

N49101

(1)

WEST VOLUSIA POLICE ATHLETIC LEAGUE, INC.

ate Incorporated or Qualified 05/27/1992

FILED

Principal Place of Business Mailing Address						S indicint die ninin inini tenti ausmitiut dinit dinit	61811 01811 81811 61611 (B\$1			
200 WEST VERMONT AVE DELAND FL 32720 US		PO BOX 569 DELAND FL 32721-0569 US				3. Date Incorporated or Qualified 05/27/1992				
		00				4. FEI Number 59-3148576	Applied For Not Applicable			
2. Principal P	lace of Business	2a. Mailing Address 26	¬ ~ ~			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
City & Stat	& State City & State					7. Is this nonprofit corporation a homeowners association?				
Zip 24	Country 25	Zip 29	Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
				81	Name					
BLAIS, STEPHEN 4168 N. GRAND AVENUE				82	Street Addres	ddress (P.O. Box Number is Not Acceptable)				
DELAND FL 32720				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 Signeture, typed or printed name of registered agent and like if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n organisa	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TI	TLE			Change Addition			
NAME	REEVES, EARL		1.2 NA	AME						

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SIGNATURE												
Signeture, typed or printed name of registered agent and little # applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFIC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	D	DELETE	1.1 TITLE		☐ Change	Addition						
NAME	REEVES, EARL		1.2 NAME									
STREET ADDRESS	123 W. INDIANA AVE		1.3 STREET ADDRESS									
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP									
TITLE	٧	☐ DELETE	2.1 TITLE		Change	Addition						
NAME	RAK, MARTY		2.2 NAME			í						
STREET ADDRESS	3063 ENERPRISE ROAD, STE 31		2.3 STREET ADDRESS									
CITY-ST-ZIP	DEBARY FL		2. 4 CITY-ST-ZIP									
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change	Addition						
NAME	FORD, FRANK A. JR		3.2 NAME									
STREET ADDRESS	145 E RICH AVE		3.3 STREET ADDRESS									
CITY-ST-ZIP	DELAND FL		3.4. CITY-ST-ZIP									
TITLE	S	DELETE	4.1 TITLE		☐ Change	Addition						
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									
TITLE	T	DELETE	5.1 TITLE		☐ Change	☐ Addition						
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									
TITLE	D	₩ DELETE	6.1 TITLE	D	XI Change	Addition						
NAME	QUICK, WALTER		6.2 NAME	Rocky Kaiser 🐧 🗸								
STREET ADDRESS	1300 S WOODLAND BOULEVARD		6.3 STREET ADDRESS	P. O. Box 2813		,						
CITY-SI-ZIP	DELAND FL		6.4 CITY-ST-ZIP	DeLand, FL 32723								

14. 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 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 employeered 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 any attrichment with an address.

SIGNATURE:

BELLY JUKOMEDIA HEL

010798 (904)738-3334

CR2E037 (10/97)