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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49101**

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/27/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3148576 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired - ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BLAIS, STEPHEN
4168 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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	REEVES, EARL		1.2 NAME	Roger Smith	
STREET ADDRESS	123 W. INDIANA AVE		1.3 STREET ADDRESS	135 W. New York Avenue	
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP	DeLand, FL 32720	
TITLE	V	☒ DELETE	2.1 TITLE	Ben Johnson	☒ Change ☐ Addition
NAME	RAK, MARTY		2.2 NAME	2791 Grand Ave/Box 220169	
STREET ADDRESS	3063 ENERPRISE ROAD, STE 31		2.3 STREET ADDRESS	Glenwood, FL 32720	
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		☐ Change ☐ Addition
NAME	KAISER, ROCKY		6.2 NAME		
STREET ADDRESS	P.O. BOX 2813 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32723		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #