2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 19, 2004 08:00 AM DOCUMENT # N49101 **Secretary of State** 1. Entity Name WEST VOLUSIA POLICE ATHLETIC LEAGUE, INC. Principal Place of Business Mailing Address 200 WEST VERMONT AVE DELAND FL 32720 P O BOX 3642 DELAND FL 32721-0569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-3148576 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMBERT, BOBBY J Street Address (P.O. Box Number is Not Acceptable) 200 W VERMONT AVE DELAND FL 32720 Zip Code FL 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. Lt. Bobby J. Lambert Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HILE ☐ Defete TITLE Change ☐ Addition SMITH, ROGER NAME NAME U00000057937 135 W NEW YORK AVE STREET ADDRESS STREET ADDRESS 02/20/04-80009-013 81.25 DELAND FL CITY - ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARRIS, ERNIE CAP. NAME NAME PO BOX 569 STREET ADDRESS STREET ADDRESS DELAND FL 32720 CITY-ST-71P CITY - ST-ZIP TITLE Delete TITLE Change ☐ Addition KAISER, FRED H NAME NAME PO BOX 32813 STREET ADDRESS STREET ADDRESS DELAND FL 32723 CITY-ST-ZIP CATY-ST-ZIP TITLE Delete TITLE Change ☐ Addition LOCKE, CONNIE NAME NAME 409 SANDY LN. STREET ADDRESS STREET ADDRESS DELTONA FL 32738 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MCCULLOGH, BILL NAME NAME 5735 BOX HOLLOW RD. STREET ADDRESS STREET ADDRESS DELEON SPRINGS FL 32131 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition SLAUGHTER, RICHARD NAME NAME 47 S. UNIVERSITY CIR. STREET ADDRESS STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP CITY-ST-ZIP

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: Fred H. "Rocky" Kaiser, President

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