

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90051 022 ****61.25

DOCUMENT # N49101

1. Entity Name
WEST VOLUSIA POLICE ATHLETIC LEAGUE, INC.



Principal Place of Business
200 WEST VERMONT AVE
DELAND, FL 32720 US

Mailing Address
1310 S. Woodland Blvd.
P O BOX 3642
DELAND, FL 32721-0569 US

50012630



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3148576	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAMBERT, BOBBY J
200 W VERMONT AVE
DELAND, FL 32720

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE Lt. Bobby J. Lambert, Executive Director

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

(NOTE: Registered Agent signature required when reinstating)

01/14/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROGER 135 W NEW YORK AVE DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, ERNIE CAP. PO BOX 569 DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAISER, FRED H PO BOX 32813 DELAND, FL 32723
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOCKE, CONNIE 409 SANDY LN. DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCULLOUGH, BILL 5735 BOX HOLLOW RD. DELEON SPRINGS, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAUGHTER, RICHARD 47 S. UNIVERSITY CIR. DELAND, FL 32724

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/05 **386 - 943-7866**