2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jan 22, 2008 8:00 am
Secretary of State
01-22-2008 90083 014 ****70.00

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

1706

Principal Place of Business
~~1370~~ S. WOODLAND ~~AVE~~ BLVD.
DELAND, FL 32720 US

Mailing Address
P O BOX 3642
DELAND, FL 32721-0569 US

01112008 No Chg-NP CR2E037 (4/06)

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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~~ 1706 S. WOODLAND BLVD.
DELAND, FL 32720

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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 Bobby J. Lambert EXECUTIVE DIRECTOR 01/15/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Bobby J. Lambert Bobby J. Lambert 01/15/08 386 943-7866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #