2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N49101

Entity Name: WEST VOLUSIA POLICE ATHLETIC LEAGUE, INC.

Current Principal Place of Business:

1706 S. WOODLAND BLVD
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 3642
DELAND, FL 327210569 US

New Mailing Address:

FEI Number: 59-3148576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMBERT, BOBBY J
1706 S WOODLAND BLVD
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SMITH, ROGER	
Address:	135 W NEW YORK AVE	
City-St-Zip:	DELAND, FL	
Title:	V	( ) Delete
Name:	HARRIS, ERNIE CAP.	
Address:	PO BOX 569	
City-St-Zip:	DELAND, FL 32720	
Title:	P	( ) Delete
Name:	KAISER, FRED H	
Address:	PO BOX 32813	
City-St-Zip:	DELAND, FL 32723	
Title:	S	( ) Delete
Name:	LOCKE, CONNIE	
Address:	409 SANDY LN.	
City-St-Zip:	DELTONA, FL 32738	
Title:	T	( ) Delete
Name:	MCCULLOGH, BILL	
Address:	5735 BOX HOLLOW RD.	
City-St-Zip:	DELEON SPRINGS, FL 32131	
Title:	D	( ) Delete
Name:	SLAUGHTER, RICHARD	
Address:	47 S. UNIVERSITY CIR.	
City-St-Zip:	DELAND, FL 32724	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY J. LAMBERT ED 01/20/2009
Electronic Signature of Signing Officer or Director — Date