2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50195

FILED Feb 13, 2008 Secretary of State

Entity Name: THE HISTORIC ST. JOHNS COUNTY POLICE ATHLETIC LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business:

4015 LEWIS SPEEDWAY ST AUGUSTINE, FL 32095

Current Mailing Address: New Mailing Address:

4015 LEWIS SPEEDWAY ST AUGUSTINE, FL 32095

FEI Number: 59-3169967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLEMAN, TONY SAMSON, MARK

4015 LEWIS SPEEDWAY 4015 LEWIS SPEEDWAY

ST AUGUSTINE, FL 32095 US ST AUGUSTINE, FL 32095 US

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: MARK A. SAMSON 02/13/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: VP (X) Change () Addition

Name:RAMSEY, TYRONEName:RAMSEY, TYRONEAddress:40 ORANGE ST.Address:40 ORANGE ST.

City-St-Zip: ST. AUGUSTINE, FL 32055 City-St-Zip: ST. AUGUSTINE, FL 32055

Title: PD () Delete Title: () Change () Addition

 Name:
 WILLIAMS, CYNTHIA
 Name:

 Address:
 400 E. HARRIS ST
 Address:

 City-St-Zip:
 HASTINGS, FL 32145
 City-St-Zip:

Title: DS () Delete Title: MEM (X) Change () Addition Name: HOOD, LINDA Name: LEE, BRIAN

Address: 40 ORANGE ST Address: 4015 LEWIS SPEEDWAY

City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: ST. AUGUSTINE, FL 32084

Title: DT () Delete Title: MEM (X) Change () Addition

Name:BLEVINS, TROYName:BLEVINS, TROYAddress:901 POPE RD.Address:901 POPE RD.

City-St-Zip: ST. AUGUSTINE, FL 32080 City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete Title: DT (X) Change () Addition

 Name:
 TARBERT, DAVID
 Name:
 TARBERT, DAVID

 Address:
 4015 LEWIS SPEEDWAY
 Address:
 4015 LEWIS SPEEDWAY

 City-St-Zip:
 ST. AUGUSTINE, FL 32095
 City-St-Zip:
 ST. AUGUSTINE, FL 32095

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: DAVID TARBERT DT 02/13/2008