FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000317 (8)

1. Corporation Name

THE FLAGLER COUNTY SHERIFF'S DEPARTMENT POLICE A THLETIC LEAGUE, INC.

Principal Place of Business	Mailing Address
1001 W MOODY BLVD BUNNELL FL 32110	1001 W MOODY BLVD BUNNELL FL 32110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1993
3a. Date of Last Report: 10/10/1994
4. FEI Number: [X] Applied For [ ] Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:
5. Certificate of Status Desired [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

DOUGLAS, TIMOTHY K
278 FLORIDA PARK DR
P O BOX 352411
PALM COAST FL 32135-2411

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP [X] Change [ ] Addition
NAME	APPERSON, DONALD	12 NAME	Thomas Lombardo
STREET ADDRESS	4B PROSPERITY LN	13 STREET ADDRESS	99 Blair Dr.
CITY-ST-ZIP	PALM COAST FL 32137	14 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	DS	21 TITLE	DS [X] Change [ ] Addition
NAME	APPERSON, ANGELA	22 NAME	Martha Vargas
STREET ADDRESS	4B PROSPERITY LN	23 STREET ADDRESS	16 Royal Terr. Lane
CITY-ST-ZIP	PALM COAST FL	24 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	DT	31 TITLE	DT [X] Change [ ] Addition
NAME	ELLIOTT, MICHAEL	32 NAME	Robyn Boback
STREET ADDRESS	27 POINSETTIA LN	33 STREET ADDRESS	13 Black Oak Ct
CITY-ST-ZIP	PALM COAST FL 32137	34 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	DV	41 TITLE	[ ] Change [ ] Addition
NAME	NOCELLA, ROBERT	42 NAME	
STREET ADDRESS	68 WEDGEWOOD LN	43 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

DP 6/19

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robyn Boback Treasurer 5/1/95 904-1146-2647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023151