

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **PO Box 350399**

**22** City & State

**27** Suite, Apt. #, etc.  
**28** **PALM Coast, FL 32135**

**23** Zip Country  
**24** **32135** **25** **USA**

**29** **32135** **30** **USA**

9. Name and Address of Current Registered Agent

**DOUGLAS, TIMOTHY K  
27B FLORIDA PARK DR  
P O BOX 352411  
PALM COAST FL 32135-2411**

3. Date Incorporated or Qualified

**01/25/1993**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**APPLIED FOR EIN 59-332723**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP LOMBARDO, THOMAS**  
STREET ADDRESS **99 BLAIR DR**  
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☒ DELETE

NAME **DS VARGAS, MARTHA**  
STREET ADDRESS **16 ROYAL TERR LANE**  
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ DELETE

NAME **DT BOBACK, ROBYN**  
STREET ADDRESS **13 BLACK OAK CT**  
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ DELETE

NAME **DV NOCELLA, ROBERT**  
STREET ADDRESS **88 WEDGEWOOD LN**  
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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

6/4/96

904-446-2647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)