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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

001 W MOODY BLVD
BUNNELL FL 32110

P.O. BOX 350399
PALM COAST FL 32135-0399
US



3. Date Incorporated or Qualified
01/25/1993

3a. Date of Last Report
06/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number
59-3327023

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUGLAS, TIMOTHY K
25 FLORID PARK DRIVE
PALM COAST FL 32137

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME LOMBARDO, THOMAS
STREET ADDRESS 44 WESTLEE LANE
CITY - ST - ZIP PALM COAST FL 32184

1.1 TITLE Treasurer ☐ Change ☒ Addition
1.2 NAME Doris R. Deluca
1.3 STREET ADDRESS 45 Wedgewood Lane
1.4 CITY - ST - ZIP PALM COAST FL 32137

TITLE DED ☐ DELETE
NAME APPERSON, DONALD
STREET ADDRESS 4-B PROSPERITY LANE
CITY - ST - ZIP PALM COAST FL 32137

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME Patricia Spath
2.3 STREET ADDRESS 106 Breeze Hill Lane
2.4 CITY - ST - ZIP PALM COAST FL 32137

TITLE DTS ☐ DELETE
NAME BOBACK, ROBYN
STREET ADDRESS 13 BLACK OAK CT
CITY - ST - ZIP PALM COAST FL 32137

3.1 TITLE Trustee ☒ Change ☐ Addition
3.2 NAME Robyn Boback
3.3 STREET ADDRESS 13 Black Oak Ct
3.4 CITY - ST - ZIP PALM COAST, FL 32137

TITLE DV ☐ DELETE
NAME NOCELLA, ROBERT
STREET ADDRESS 16 WOODGUILD PLACE
CITY - ST - ZIP PALM COAST FL 32184

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME BOBACK, JOHN
STREET ADDRESS 13 BLACK OAK COURT
CITY - ST - ZIP PALM COAST FL 32137

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert NoCella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97 904-4450802
Date Daytime Phone 0002785 ext. 16

CR2E037 (9/96)