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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000317

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	P.O. BOX 350399 PALM COAST FL 32110 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/25/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3327023 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DUNCAN, PA DONALD W
25-B FLORIDA PARK DR
PALM COAST FL 32137

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 _____ 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPATH, CARL W		1.2 NAME		
STREET ADDRESS	106 BREEZE HILL LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		1.4 CITY-ST-ZIP		
TITLE	DED	☐ DELETE	2.1 TITLE	DONALD APPERSON	☒ Change ☐ Addition
NAME	APPERSON, DONALD		2.2 NAME	43 BANGBURY LN.	
STREET ADDRESS	4-B PROSPERITY LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		2.4 CITY-ST-ZIP	PALM COAST, FL. 32137	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DELUCA, DORIS R		3.2 NAME		
STREET ADDRESS	45 WEDGEWOOD LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NOCELLA, ROBERT		4.2 NAME		
STREET ADDRESS	16 WOODGUILD PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32164		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOBACK, JOHN		5.2 NAME		
STREET ADDRESS	13 BLACK OAK COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE	DENISE CALDERWOOD	☒ Change ☐ Addition
NAME	SPATH, PATRICIA		6.2 NAME	27 MOODY DR	
STREET ADDRESS	106 BREEZEHILL LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		6.4 CITY-ST-ZIP	PALM COAST, FL. 32110	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: (SIGNATURE REQUIRED) Frederick A. SANTOIANNI 2-15-99 (904) 437-4779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #