

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90072 018 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000317

1. Corporation Name

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

Principal Place of Business

1001 W MOODY BLVD
BUNNELL FL 32110

Mailing Address

P.O. BOX 350399
PALM COAST FL 32110
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/25/1993
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3327023
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
DUNCAN, PA DONALD W 25-B FLORIDA PARK DR PALM COAST FL 32137		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DUNCAN, PA DONALD W 25-B FLORIDA PARK DR 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

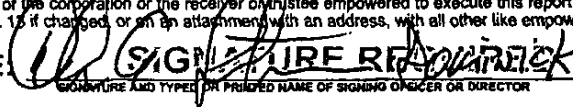
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	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	2.1 TITLE	☒ Change ☐ Addition
NAME	APPERSON, DONALD	2.2 NAME	DONALD APPERSON
STREET ADDRESS	4-B PROSPERITY LANE	2.3 STREET ADDRESS	43 BANNBURY LN.
CITY-ST-ZIP	PALM COAST FL 32137	2.4 CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	T	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	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	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	6.1 TITLE	☒ Change ☐ Addition
NAME	SPATH, PATRICIA	6.2 NAME	DENISE CALDERWOOD
STREET ADDRESS	106 BREEZEHILL LANE	6.3 STREET ADDRESS	27 MOODY DR
CITY-ST-ZIP	PALM COAST FL 32137	6.4 CITY-ST-ZIP	PALM COAST, FL 32110

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  A. SANTOLANNI 2-15-99 437-4779 (504)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)