


FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90203 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001876

1. Corporation Name

SEMINOLE COUNTY POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

SEMINOLE COUNTY SHERIFF OFFICE
SANFORD FL

Mailing Address

1345 28TH ST
SANFORD FL 32773

610212-90001-14 2 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 100 BUSH BV		04/23/1993	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 SANFORD FL		59-3196445	
24 Country		29 32773		30	
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9. Name and Address of Current Registered Agent

JUDE, CHINA L
1345 28TH STREET
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name JOHN W. ZEH
 82 Street Address (P.O. Box Number is Not Acceptable) 100 BUSH BV
 83
 84 City SANFORD FL 85 Zip Code 32773

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: JOHN W. ZEH DATE: 8/10/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	M/D
NAME	MONTGOMERY, ROBERT	1.2 NAME	MARK REHDER
STREET ADDRESS	3780 WATERCREST DRIVE	1.3 STREET ADDRESS	100 BUSH BV
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	SANFORD, FL 32773
TITLE	T	2.1 TITLE	P/D
NAME	CHANDLER, WILLIE	2.2 NAME	DAVID MEDLEY
STREET ADDRESS	1345 28TH STREET	2.3 STREET ADDRESS	400 W. AIRPORT BV
CITY-ST-ZIP	SANFORD FL 32773	2.4 CITY-ST-ZIP	SANFORD, FL 32773
TITLE	SD	3.1 TITLE	S/T/D
NAME	STEWART, FRANCIS M	3.2 NAME	JOHN E. NEGRI
STREET ADDRESS	1345 28TH ST	3.3 STREET ADDRESS	100 BUSH BV
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	SANFORD, FL 32773
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

JOHN E. NEGRI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/99

Date

Daytime Phone #

CR2E037 (5/99)