

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001876

FILED
May 03, 2005
Secretary of State

Entity Name: SEMINOLE COUNTY POLICE ATHLETIC LEAGUE, INC.

Current Principal Place of Business:

SEMINOLE COUNTY SHERIFF OFFICE
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

100 BUSH BV
SANFORD, FL 32773 US

New Mailing Address:

FEI Number: 59-3196445 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, DWAYNE
100 BUSH BLVD
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: JOHNSON, DWAYNE
Address: 100 BUSH BV
City-St-Zip: SANFORD, FL 32773

Title: DP () Delete
Name: KEEL, RICK
Address: 1808 HOWELL BRANCH RD. #1
City-St-Zip: WINTER PARK, FL 32789

Title: DV () Delete
Name: MCCLOSKEY, SCOTT
Address: 101 SOUTHHALL LANE, SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: DT () Delete
Name: WEST, SKIP
Address: 900 CENTRAL PARK DR.
City-St-Zip: SANFORD, FL 32771

Title: DS () Delete
Name: SMITH, BARRY
Address: 100 BUSH BLVD.
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DWAYNE JOHNSON

MD

05/03/2005

Electronic Signature of Signing Officer or Director

Date