## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000001876

FILED Jan 24, 2006 Secretary of State

Entity Name: SEMINOLE COUNTY POLICE ATHLETIC LEAGUE, INC.

**New Principal Place of Business: Current Principal Place of Business:** 

SEMINOLE COUNTY SHERIFF OFFICE SANFORD, FL 32773

**Current Mailing Address: New Mailing Address:** 

100 BUSH BV

SANFORD, FL 32773 US

FEI Number: 59-3196445 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, DWAYNE 100 BUSH BLVD

SANFORD, FL 32773 US

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete MD () Change () Addition

JOHNSON, DWAYNE Name: Name: 100 BUSH BV Address: Address: City-St-Zip: SANFORD, FL 32773 City-St-Zip:

Title: DP Title: (X) Change ( ) Addition ( ) Delete

KEEL, RICK Name: SMITH, BARRY Name: Address: 1808 HOWELL BRANCH RD. #1 Address: 100 BUSH BLVD City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: SANFORD, FL 32773

Title: () Delete Title: (X) Change ( ) Addition

MCCLOSKEY, SCOTT MULLINS, KIRBY Name: Name: 101 SOUTHHALL LANE, SUITE 400 1200 RINEHART ROAD Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: SANFORD, FL 32771

( ) Delete Title: DT Title: DT (X) Change ( ) Addition

Name: WEST, SKIP Name: JOHNSON, DWAYNE 900 CENTRAL PARK DR. 100 BUSH BLVD Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: SANFORD, FL 32773

Title: ( ) Delete Title: DS (X) Change ( ) Addition

SMITH, BARRY WALTHERS, STUART Name: Name: 100 BUSH BLVD. 100 BUSH BLVD. Address: Address: City-St-Zip: SANFORD, FL 32773 City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 01/24/2006