

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002106

FILED
Feb 06, 2009
Secretary of State

Entity Name: HUDSON PASCO POLICE ATHLETIC LEAGUE, INC.

Current Principal Place of Business:

11611 DENTON AVE.
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5642
HUDSON, FL 34674 US

New Mailing Address:

FEI Number: 59-3623453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACON, MICHELLE
1539 VILLA DR.
SPRING HILL, FL 34607 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: D () Delete
Name: AMBROGIO, SHIRLEY
Address: 12727 BUCKHORN DRIVE
City-St-Zip: HUDSON, FL 34669

Title: AD (X) Delete
Name: CLARK, JAMES D JR
Address: 11021 KITTEN JR
City-St-Zip: PORT RICHEY, FL 34668

Title: T () Delete
Name: BACON, MICHELLE
Address: 15939 VILLA DRIVE
City-St-Zip: HUDSON, FL 34667

Title: S (X) Delete
Name: KIRCHOFF, WENDI
Address: 11040 MARTHA AVE.
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MORRIS, KEITH
Address: 8133 GREENSIDE LANE
City-St-Zip: HUDSON, FL 34667

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 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: KEITH MORRIS

D

02/06/2009

Electronic Signature of Signing Officer or Director

Date