FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/11/95--01079--016
DO NOT WRITE IN THIS SPACE ******130.00

DOCUMENT # N93000004545

1. Corporation Name

Davie Police Athletic League, Inc.

Principal Place of Business

Mailing Address
6901 S.W. 45th Street
Davie, FL 33314

3. Date Incorporated or Qualified: 6-93

3a. Date of Last Report: 1994

4. FEI Number: 65-0535652 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: Same
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Jack P. Mackie
6901 S.W. 45th Street
Davie, FL 33314

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	☐ Change ☐ Addition
NAME	Gary Killam	12 NAME	
STREET ADDRESS	6901 S.W. 45th Street	13 STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33314	14 CITY-ST-ZIP	
TITLE	Director	21 TITLE	☐ Change ☐ Addition
NAME	Jack P. Mackie	22 NAME	
STREET ADDRESS	6901 S.W. 45th Street	23 STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33314	24 CITY-ST-ZIP	
TITLE	Director	31 TITLE	☐ Change ☐ Addition
NAME	Carla Shulman	32 NAME	
STREET ADDRESS	1520 S.W. 120 Terrace	33 STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33325	34 CITY-ST-ZIP	
TITLE	Director	41 TITLE	☐ Change ☐ Addition
NAME	Harry Venis	42 NAME	
STREET ADDRESS	100 N.E. 3 Avenue, Suite 850	43 STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	44 CITY-ST-ZIP	
TITLE	Director	51 TITLE	☐ Change ☐ Addition
NAME	Martin VanGils	52 NAME	
STREET ADDRESS	6901 S.W. 45th Street	53 STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33314	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addendum.

SIGNATURE: _____ Director 4-27-95 (305) 728-9732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Harry Venis