

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:44

DOCUMENT # N93000004596 (3)

1. Corporation Name

DADE CITY POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

14301
-805 N 15TH ST
DADE CITY FL 33525

Mailing Address

PO BOX 311
DADE CITY FL 33526-0311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1993

3a. Date of Last Report

03/18/1994

4. FEI Number

59-3181448

Applied For

Not Applicable

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

2. Principal Place of Business

21 14301 N. 15th St.

2a. Mailing Address

25 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Dade City FL

28 City & State

Dade City FL

24 Zip

33525

25 Country

USA

29 Zip

30 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUVIL, JON L
301 E MERIDIAN AVE
SUITE 314
DADE CITY FL 33525

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

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BAKER, VALERIE
STREET ADDRESS	205 N 15TH ST
CITY, ST, ZIP	DADE CITY FL 33525
TITLE	D
NAME	THOMPSON, PHIL
STREET ADDRESS	11550 FORT KING RD
CITY, ST, ZIP	DADE CITY FL 33526
TITLE	D
NAME	CHEW, CAROL
STREET ADDRESS	716 DOUGLAS CIR
CITY, ST, ZIP	DADE CITY FL 33525
TITLE	D
NAME	GLAVICH, STEVE
STREET ADDRESS	3256 SINGLETARY RD
CITY, ST, ZIP	DADE CITY FL 33525
TITLE	D
NAME	JACKSON, VICKI
STREET ADDRESS	406 W FLORIDA AVE
CITY, ST, ZIP	DADE CITY FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	D	☒ Change ☐ Addition
12 NAME	Baker Valerie	
13 STREET ADDRESS	14301 N. 15th St.	
14 CITY, ST, ZIP	Dade City, FL 33525	
21 TITLE	T	☒ Change ☐ Addition
22 NAME	Cindi Gude	
23 STREET ADDRESS	116143 Jessamine Rd.	
24 CITY, ST, ZIP	Dade City FL 33525	
31 TITLE	D	☒ Change ☐ Addition
32 NAME	Sharon Altman	
33 STREET ADDRESS	37041 W. Church Ave	
34 CITY, ST, ZIP	Dade City FL 33525	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE	D	☒ Change ☐ Addition
52 NAME	Tim Jackson	
53 STREET ADDRESS	13311 Omega Ct.	
54 CITY, ST, ZIP	Dade City FL 33525	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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 19-07(3)(b), 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.

SIGNATURE:

Valerie L. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-95

DATE

904-567-2662

OPTIONAL PHONE #