


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004596 1. Entity Name DADE CITY POLICE ATHLETIC LEAGUE, INC.	
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05062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3181448	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

AUVIL, JON L
37837 MERIDIAN AVE
SUITE 314
DADE CITY, FL 33525

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAZA, ANDY 29440 JOHNSTON ROAD DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AD SANDERSON, TONY 20502 PEACHTREE LANE DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GUY, ANGIE 11800 ORANGE CT DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ALLIGOOD, TIFFANNIE A 11805 CARMEN AVE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AD GUY, DAVID 11800 ORANGE CT DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000365349
05/10/05-80007-012 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIFFANNIE A. ALLIGOOD

5/6/05 (352) 521-0334

Date

Daytime Phone #