

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2008 8:00 am
Secretary of State

09-04-2008 90045 050 ****61.25

DOCUMENT # N93000004596

1. Entity Name
DADE CITY POLICE ATHLETIC LEAGUE, INC.



Principal Place of Business
**6123 SAND KEY LN
WESLEY CHAPEL, FL 33544 US**

Mailing Address
**POB 311
DADE CITY, FL 33526 US**

40115151



2. Principal Place of Business - No P.O. Box #

6747 Dairy Road

3. Mailing Address

Suite, Apt. #, etc.

08252008 Chg-NP CR2E037 (12/06)

City & State
Zephyrhills, FL

City & State

4. FEI Number
59-3181448

Applied For
Not Applicable

Zip
33542

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D FLOYD, VERNON**
STREET ADDRESS **37812 SUMMER AVE**
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE ☒ Delete
NAME **AD SANDERSON, TONY**
STREET ADDRESS **20502 PEACHTREE LANE**
CITY-ST-ZIP **DADE CITY, FL 33523**

TITLE ☒ Delete
NAME **T HICKS, CONNIE**
STREET ADDRESS **6123 SAND KEY LN**
CITY-ST-ZIP **ZEPHYRHILLS, FL 33544**

TITLE ☒ Delete
NAME **CC CRAIG, NICKI**
STREET ADDRESS **37240 MARSHALL DR**
CITY-ST-ZIP **DADE CITY, FL 33523**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **AD Earl Fadling**
STREET ADDRESS **21023 Ulogh Avenue**
CITY-ST-ZIP **Lacoochee, FL 33523**

TITLE ☐ Change ☒ Addition
NAME **T Alisha Baenes**
STREET ADDRESS **6747 Dairy Road**
CITY-ST-ZIP **Zephyrhills, FL 33542**

TITLE ☐ Change ☒ Addition
NAME **CC Kelly Sims**
STREET ADDRESS **P.O. Box 1404**
CITY-ST-ZIP **Dade City, FL 33523**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Aug 31, 2008 352-247
Date Daytime Phone # **0651**