

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90057 014 ****61.25

DOCUMENT # N93000004711

1. Entity Name

POLICE ATHLETIC LEAGUE OF LAKE LAND, INC.



Principal Place of Business

219 NORTH MASSACHUSETTS AVENUE
LAKE LAND FL 33801
US

Mailing Address

PO BOX 1095
LAKE LAND FL 33802-1095

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3213375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, JAMES
219 N. MASSACHUSETTS AV
LAKE LAND FL 33801

7. Name and Address of New Registered Agent

Name

John Thomason

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

219 N. Massachusetts Ave

City

Lakeland

FL

Zip Code
33801

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 reissuing)

DATE

02/5/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, JAMES	
STREET ADDRESS	219 NORTH MASSACHUSETTS AVENUE	
CITY - ST - ZIP	LAKE LAND FL 33802	
TITLE	PT	<input type="checkbox"/> Delete
NAME	CUERVO, HERMAND DR	
STREET ADDRESS	3842 S FLORIDA AVENUE	
CITY - ST - ZIP	LAKE LAND FL 33813	
TITLE	BMT	<input type="checkbox"/> Delete
NAME	SMITH, ARCHIE	
STREET ADDRESS	4977 US HWY 98 NORTH	
CITY - ST - ZIP	LAKE LAND FL 33809	
TITLE	BMT	<input type="checkbox"/> Delete
NAME	GLOTFELTY, JOHN	
STREET ADDRESS	2018 HALLMARK CT.	
CITY - ST - ZIP	LAKE LAND FL 33803	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOLCE, MICHAEL	
STREET ADDRESS	1708 MOCKINGBIRD LN	
CITY - ST - ZIP	LAKE LAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:

John H. Thomason 2/5/07 863-834
8964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #