

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004711

FILED
Apr 17, 2009
Secretary of State

Entity Name: POLICE ATHLETIC LEAGUE OF LAKELAND, INC.

Current Principal Place of Business:

219 NORTH MASSACHUSETTS AVENUE
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1095
LAKELAND, FL 338021095

New Mailing Address:

FEI Number: 59-3213375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAM, TIM
219 NORTH MASSACHUSETTS AVENUE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CUERVO, HERMAND DR
Address: 3842 S FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33813

Title: BMT () Delete
Name: SMITH, ARCHIE
Address: 4977 US HWY 98 NORTH
City-St-Zip: LAKELAND, FL 33809

Title: BMT () Delete
Name: GLOTFELTY, JOHN
Address: 2018 HALLMARK CT.
City-St-Zip: LAKELAND, FL 33803

Title: T () Delete
Name: DOLCE, MICHAEL
Address: 1708 MOCKINGBIRD LN
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CUERVO, HERMENIO DR
Address: 3842 S FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: DOLCE, MICHAEL E
Address: 1708 MOCKINGBIRD LN
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E. DOLCE

V

04/17/2009

Electronic Signature of Signing Officer or Director

Date