


FILE NOW: FILING FEE IS \$61.25

FILED  
Sep 17 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> N94000000989 1. Corporation Name <b>ZPAL (Zephyrhills Police Athletic League)</b>					
Principal Place of Business <b>ZPAL</b> <b>P.O. Box 1227</b> <b>Zephyrhills FL 33541</b>			Mailing Address		
2. Principal Place of Business <b>ZPAL</b>		2a. Mailing Address <b>PO Box 1227</b>		3. Date Incorporated or Qualified <b>02/28/94</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report <b>8/12/96</b>	
22. City & State <b>Zephyrhills FL</b>		27. City & State <b>FL</b>		4. FEI Number <b>59-3209732</b>	
23. Zip <b>33541</b>		28. Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Country <b>PASCO</b>		29. Zip <b>33541</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
30. Country		31. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>AL Lopresto</b> <b>6011 Frontier Dr.</b> <b>Zephyrhills FL 33548</b>			10. Name and Address of New Registered Agent <b>Lee Mahon</b> <b>38110 Salem Ave</b> <b>Zephyrhills FL 33541</b>		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE <b>Lee Mahon</b> DATE <b>8/15/97</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <b>D</b> <b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Lee Mahon</b> 1.3 STREET ADDRESS <b>38110 Salem Ave</b> 1.4 CITY-ST-ZIP <b>Zephyrhills FL 33540</b>					
2.1 TITLE <b>VD</b> <b>Assistant Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>Jerry Mason</b> 2.3 STREET ADDRESS <b>4360 Wooten Dr</b> 2.4 CITY-ST-ZIP <b>Zephyrhills FL 33541</b>					
3.1 TITLE <b>S</b> <b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>Debra Greene</b> 3.3 STREET ADDRESS <b>36545 Cord St</b> 3.4 CITY-ST-ZIP <b>Zephyrhills FL 33541</b>					
4.1 TITLE <b>T</b> <b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <b>Pam Hardy</b> 4.3 STREET ADDRESS <b>39013 Central Ave</b> 4.4 CITY-ST-ZIP <b>Zephyrhills FL 33546</b>					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Lee Mahon** DATE: **8/15/97** DAYTIME PHONE: **(813) 780-7575**

CR2E037 (9/96)