

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

99 SEP 27 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001532

1. Corporation Name

BOYNTON BEACH POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

100 EAST BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33435

Mailing Address

100 EAST BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33435



| | | | | | |
|--|--|-----------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt #, etc. | | 26 Suite, Apt #, etc. | | 03/29/1994 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 65-0488479 | |
| Country | | Country | | 5. Certificate of Status Desired | |
| 25 | | 29 | | X \$8.75 Additional Fee Required | |
| 24 | | 30 | | 6. Election Campaign Financing | |
| | | | | Trust Fund Contribution X \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| TOME, W.M. 100 E BOYNTON BEACH BLVD BOYNTON BEACH FL 33435 | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | |
| | | | | 85 Zip Code | |
| | | | | FL | |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | | 1.1 TITLE | |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| D | | 2.1 TITLE | |
| TOME, BILL | | 2.2 NAME | |
| 100 E. BOYNTON BEACH BLVD. | | 2.3 STREET ADDRESS | |
| BOYNTON BEACH FL 33435 | | 2.4 CITY-ST-ZIP | |
| D | | 3.1 TITLE | |
| WALKER, KENT | | 3.2 NAME | |
| 100 E. BOYNTON BEACH BLVD. | | 3.3 STREET ADDRESS | |
| BOYNTON BEACH FL 33435 | | 3.4 CITY-ST-ZIP | |
| D | | 4.1 TITLE | |
| THRASHER, DONALD | | 4.2 NAME | |
| 100 E. BOYNTON BEACH BLVD. | | 4.3 STREET ADDRESS | |
| BOYNTON BEACH FL 33435 | | 4.4 CITY-ST-ZIP | |
| D | | 5.1 TITLE | |
| | | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| D | | 6.1 TITLE | |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE:

W. L. HARRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/99
Date

561) 742-6190
Daytime Phone #

0009400

CR2E037 (5/99)