FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR 28 PM 6:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003156 (6)**

1. Corporation Name
AUBURNDALE POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business	Mailing Address
105 TAMPA STREET AUBURNDALE FL 33823	105 TAMPA STREET AUBURNDALE FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3253165 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 374
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Auburndale, Florida
Zip 24 / Country 25	Zip 29 33823 / Country 30 US

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LONGO, DEAN CHIEF 105 TAMPA STREET AUBURNDALE FL 33823	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SIZEMORE, VICKI	1.2 NAME	
STREET ADDRESS	1213 VALENCIA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WILEY, MARVIN	2.2 NAME	
STREET ADDRESS	202 WILEY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LONGO, DEAN CHIEF	3.2 NAME	
STREET ADDRESS	P.O. BOX 186	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WHIDDON, JEANIE	4.2 NAME	
STREET ADDRESS	226 N. BARTOW AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	RIVERA, MARK REV.	5.2 NAME	Bromwell, Suzy
STREET ADDRESS	P.O. BOX 625	5.3 STREET ADDRESS	530 Hillside Drive
CITY-ST-ZIP	AUBURNDALE FL 33823	5.4 CITY-ST-ZIP	Auburndale FL 33823
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MALONEY, TONI	6.2 NAME	
STREET ADDRESS	P.O. BOX 9000	6.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Vince E. Turner VINCE E. TURNER/PRESIDENT 4-18-95 (813) 299-4284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067480