

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000003156 (6)**

1. Corporation Name

**AUBURNDALÉ POLICE ATHLETIC LEAGUE, INC.**



Principal Place of Business

**105 TAMPA STREET  
AUBURNDALÉ FL 33823**

Mailing Address

**P. O. BOX 374  
AUBURNDALÉ FL 33823  
US**

3. Date Incorporated or Qualified  
**06/20/1994**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

**21 105 Tampa Street**

**26 P.O. Box 374**

4. FEI Number  
**59-3253165**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

**23 Auburndale, FL**

**28 Auburndale, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country

Zip Country

**24 33823**

**25 USA**

**29 33823**

**30 USA**

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  
AUBURNDALÉ 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 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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D SIZEMORE, VICKI**  
STREET ADDRESS **1213 VALENCIA LANE**  
CITY - ST - ZIP **AUBURNDALÉ FL 33823**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **D WILEY, MARVIN**  
STREET ADDRESS **202 WILEY DR**  
CITY - ST - ZIP **AUBURNDALÉ FL 33823**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **D LONGO, DEAN CHIEF**  
STREET ADDRESS **P.O. BOX 186**  
CITY - ST - ZIP **AUBURNDALÉ FL 33823**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME **D WHIDDON, JEANIE**  
STREET ADDRESS **226 N. BARTOW AVE**  
CITY - ST - ZIP **AUBURNDALÉ FL 33823**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D BROMWELL, SUZY**  
STREET ADDRESS **530 HILLSIDE DRIVE**  
CITY - ST - ZIP **AUBURNDALÉ FL**

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D MALONEY, TONI**  
STREET ADDRESS **P.O. BOX 9000**  
CITY - ST - ZIP **AUBURNDALÉ FL 33823**

6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/18/96**

**941-965-5555**

Date

Daytime Phone #

CR2E037 (3/96)