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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003156 (6)

1. Corporation Name

AUBURNDALE POLICE ATHLETIC LEAGUE, INC.



Principal Place of Business 105 TAMPA STREET AUBURNDALE FL 33823	Mailing Address P. O. BOX 374 AUBURNDALE FL 33823-0374 US	3. Date Incorporated or Qualified 06/20/1994	3a. Date of Last Report 07/26/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3253165	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent LONGO, DEAN CHIEF 105 TAMPA STREET AUBURNDALE FL 33823		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D Vice President	<input type="checkbox"/> DELETE	1.1 TITLE TREASURER - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SIZEMORE, VICKI		1.2 NAME LYNN A. SCHMIDT	
STREET ADDRESS 1213 VALENCIA LANE		1.3 STREET ADDRESS 917 KEITH LANE	
CITY-ST-ZIP AUBURNDALE FL 33823		1.4 CITY-ST-ZIP AUBURNDALE FL 33823	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE SECY.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILEY, MARVIN		2.2 NAME PERRY BOGGER	delete
STREET ADDRESS 202 WILEY DR		2.3 STREET ADDRESS 1995 HOBBS RD.	
CITY-ST-ZIP AUBURNDALE FL 33823		2.4 CITY-ST-ZIP AUBURNDALE FL 33823	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE GEORGE HEAD - DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LONGO, DEAN CHIEF		3.2 NAME 563 SOMERSET DRIVE	delete
STREET ADDRESS P.O. BOX 186		3.3 STREET ADDRESS AUBURNDALE FL 33823	
CITY-ST-ZIP AUBURNDALE FL 33823		3.4 CITY-ST-ZIP AUBURNDALE FL 33823	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE DIRECTOR - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TURNER, DON		4.2 NAME JACK TURNER	
STREET ADDRESS 226 N MAIN STREET		4.3 STREET ADDRESS GARNEE ELEM. SCHOOL	33881
CITY-ST-ZIP AUBURNDALE FL		4.4 CITY-ST-ZIP 2500 HAUENDALE BLVD. WINTER HAVEN FL	
TITLE D President	<input type="checkbox"/> DELETE	5.1 TITLE CAROL DAVIS - MEMBER SECY.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROMWELL, SUZY		5.2 NAME 123 VAN FLEET CT.	
STREET ADDRESS 530 HILLSIDE DRIVE		5.3 STREET ADDRESS AUBURNDALE FL 33823	
CITY-ST-ZIP AUBURNDALE FL		5.4 CITY-ST-ZIP AUBURNDALE FL 33823	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MALONEY, TONI		6.2 NAME PAT MALONEY	delete
STREET ADDRESS P.O. BOX 9900		6.3 STREET ADDRESS C/O CH OF AUBURNDALE	
CITY-ST-ZIP AUBURNDALE FL 33823		6.4 CITY-ST-ZIP P.O. BOX 186 AUBURNDALE FL 33823	

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.

CR2E037 (9/96)