## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

	1330		· · · · · · · · · · · · · · · · · · ·						
DOCUMENT # N9400004729 (9) 1. Corporation Name									
•	ND PARK POLICE ATHLETI	IC LEAGUE, INC.							
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Principal Place	of Business	Mailing Address	Mailing Address						
301 N.E. 38TH STREET			301 N.E. 38TH STREET						
OAKLAND PAI	RK FL 33334	OAKLAND PARK FL 33	334					<u></u>	
					3	3. Date Incorporated or Qualified 09/26/1994	3a. Date of 03/2	Last Report	
2. Principal Pla	ice of Business	2a. Mailing Address	2a. Mailing Address			L FEI Number		Applied	For
21		26	26			NOT APPLICABLE X Not Applicable			olicable
Suite, Apt. #	*, etc.	Suite, Apt. #, etc.				i. Certificate of Status Desired	1 1	3.75 Addition	
22		City & State	City & State			Continuo Constituto Espansias		Fee Require	
City & State		<del>  </del> '	28			<ol> <li>Election Campaign Financing         Trust Fund Contribution     </li> </ol>		<b>5.00</b> May Added to Fee	
Zip Country		Zip			E	This corporation has liability for it.			-
24	25	29	30				] Yes <b>K</b> Û No		
	9. Name and Address of Currer	nt Registered Agent				). Name and Address of New R	egistered Agen	<u>t</u>	
				81 Name					
NOE, GARY				82 Street	t Address (F	P.O. Box Number is Not Acceptab	le)		
301 N.E. 38TH STREET Oakland Park Fl 33334			}	83					
UARLAIN	D FARK FL 33334						······································	<del>,</del>	
				84 City			FL 65	Zip Code	
11. Pursuant t	o the provisions of Sections 617.0502	2 and 617.1508, Florida Statut	es, the abo	ve-named co	corporation	submits this statement for the pur	nose of changing	its registers	ed office
or registere familiar wit	ed agent, or both, in the State of Flori th, and accept the obligations of, Sec	ida. Such change was authoriz tion 617.0503, Florida Statutes	ed by the d 3.	orporation's	s board of	directors. I hereby accept the appo	ointment as regis	tered agent.	1 am
SIGNATURE _									
	Signature, typed or printed name of registered agent and title if applicable. (NO)  OFFICERS AND DIRECTORS			Agent signature r	required when		DATE LOT US AND DIER	ECTORS IN	12
12.	C DELETE		13.	L <b>F</b>	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition			
NAME	NOE, GARY L		1.2 NAME						
STREET ADDRESS	301 NE 38 ST.		1.3 STREET ADDRESS						
CITY-ST-ZIP	OAKLAND PARK FL 33334		1.4 CITY-ST-ZIP		<u> </u>				
TITLE	Ť	DELETE	2.1 Til	2.1 TITLE			□ Ch	ange 🔲 A	ddition
NAME	LACERRA, RICHARD		2 2 NAME						
STREET ADDRESS	301 NE 38TH ST. OAKLAND PARK FL 33334			2 3 STREET ADDRESS					
CITY-ST-ZIP TITLE	T	DELETE	3111	TY-ST-ZIP			☐ Ch	ange 🗀 A	ddition
NAME	STEELE, THOMAS	<del>_</del>					٠	- <u>-</u>	
STREET ADDRESS	301 NE 38TH ST.			REET ADDRESS	;				ļ
CITY-ST-ZIP	OAKLAND PARK FL 33334		3 4. C	1Y-S1-ZIP					
1ITLE	Ť	DELETE	4.1 TI	'LE			☐ Ch	ange 🔲 A	Addition
NAME	KESSLING, JOSEPH		4. 2 N						
STREET ADDRESS	301 NE 38TH ST.,			REET ADDRESS	;				
C ITY-ST-ZIP	OAKLAND PARK FL 33334	DELETE	4.4 CI 5 1 TI	TY-ST-ZIP	-		☐ Ch	anne · f 1 A	Addition
TITLE		[_]Dett.it	5.2 N/					8° - LJ ^	
NAME STREET ADDRESS			1	REET ADDRESS					
CITY-ST-ZIP			- 6	TY-ST-ZIP					
1ITLE				ILE			☐ Cn	ange 🔲 A	Addition
NAME			6.2 N	ME					
STREET ADORESS			6.3 \$1	REET ADDRESS	3				
CITY-ST-ZIP	ov certify that the information supplied	SALALI PRO CONTRACTOR OF A		TY-ST-ZIP	unlife: for: 41	o proportion stated in Dankies 440	07/21/M Deside	Statutas 14:	dher
<ol> <li>14. I do hereb</li> </ol>	by certify that the information supplied	- with this tiling is voluntarily fur	nisried and	uoes not au	ualliv TOF the	e exemplion stated in Section 119	. Ur jojinji, Fiurida i	うはいいが、I 「U	40101

rigo nereby certify that the information supplied with this liming is wounterly furnished and does not quality for the exemption stated it is consisted in 19.0 (o)ky, risorded statutes, it follows 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: JULY 6 ANY NOE SIGNATURE SIGNATURE OF DIRECTOR

3/15/96 (954)561-6/11

CR2E037 (12/95)