

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 # **N95000001587 (3)**

1. Corporation Name

WINTER HAVEN POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

**203 AVENUE R. N.E.
WINTER HAVEN FL**

Mailing Address

**203 AVENUE R. N.E.
WINTER HAVEN FL**



3. Date Incorporated or Qualified

04/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3368466

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRIETER, WILLIAM K
203 AVENUE R. N.E.
WINTER HAVEN FL**

81 Name

Stephen Sherman

82 Street Address (P.O. Box Number is Not Acceptable)

203 Ave. R N. E.

83

84 City

Winter Haven,

FL

85 Zip Code
33881

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-10-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **Brjeter, William K.** ☒ DELETE
STREET ADDRESS **203 Ave R N. E.**
CITY-ST-ZIP **Winter Haven, FL 33881**

1.1 TITLE **D**
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Excutive Director ☒ Change ☐ Addition
Stephen Sherman
203 Ave R, N. E. 33881
Winter Haven FL,

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **T**
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Neal Young ☐ Change ☒ Addition
300 3rd St N. W. Winter Haven FL

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **T**
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Claudia Martin ☐ Change ☒ Addition
2250 8th St N.E. Winter Haven, FL

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **T**
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Kelly Kennedy ☐ Change ☒ Addition
198 1st St S.
Winter Haven FL 33880

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

300001892945 ☐ Change ☐ Addition
-07/15/96--01004--038
*****61.25**

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:

Stephen Sherman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96

(941) 293-2725

Date

Daytime Phone

CR2E037 (3/96)