

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33881-2464
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3. Date Incorporated or Qualified 04/04/1995	3a. Date of Last Report 07/12/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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4. FEI Number 59-3368466	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SHERMAN, STEPHEN 203 AVENUE R. N.E. WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent 81 Name Derrick Doles 82 Street Address (P.O. Box Number is Not Acceptable) 203 Avenue R, N.E. 83 84 City Winter Haven FL 85 State 33881
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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  **Derrick Doles, Registered Agent** 4-10-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SHERMAN, STEPHEN
STREET ADDRESS	203 AVENUE R. N.E.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	T <input type="checkbox"/> DELETE
NAME	YOUNG, NEAL
STREET ADDRESS	300 3RD STREET NW
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MARTIN, CLAUDIA
STREET ADDRESS	2250 8TH STREET NE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	T <input type="checkbox"/> DELETE
NAME	KENNEDY, KELLYA
STREET ADDRESS	198 1ST STREET S.
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Derrick Doles
1.3 STREET ADDRESS	203 Avenue R, N.E.
1.4 CITY-ST-ZIP	Winter Haven, FL 33881
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3-3-97** **299-6647**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054642

CR2E037 (9/96)