

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001587

FILED
Feb 04, 2005
Secretary of State

Entity Name: WINTER HAVEN POLICE ATHLETIC LEAGUE, INC.

Current Principal Place of Business:

203 AVENUE R, N.E.
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3368466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLES, DERRICK
203 AVENUE R., N.E.
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOLES, DERRICK
Address: 203 AVENUE R., N.E.
City-St-Zip: WINTER HAVEN, FL

Title: P/T () Delete
Name: BROWN, TIM
Address: 305 AVE X NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: VPT () Delete
Name: TYL, CHET
Address: 3601 CYPRESS GARDENS ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Delete
Name: CUYLER, SANDRA
Address: 2009 LEISURE DR. NW
City-St-Zip: WINTER HAVEN, FL 33880

Title: ST () Delete
Name: REDDICK, CATHERINE
Address: 211 MELINA AVE
City-St-Zip: DUNDEE, FL 33844

Title: T () Delete
Name: DOLES, EMMALINE
Address: 620 AVE A NE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DERRICK DOLES

D

02/04/2005

Electronic Signature of Signing Officer or Director

Date