

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001587

FILED  
Jan 29, 2007  
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: MOORE, TERRANCE  
Address: 2051 RYAN WAY  
City-St-Zip: WINTER HAVEN, FL 33884

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: VPT ( ) 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: P/T (X) Change ( ) Addition  
Name: TYL, CHET  
Address: 3601 CYPRESS GARDENS RD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPT (X) Change ( ) Addition  
Name: ALLS, MICHELE  
Address: 714 17TH ST N.E.  
City-St-Zip: WINTER HAVEN, FL 33881

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 Chapter 119, 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

01/29/2007

Electronic Signature of Signing Officer or Director

Date