

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000003039 (3)**

1. Corporation Name

SUNRISE POLICE ATHLETIC LEAGUE, INC.



Principal Place of Business

Mailing Address

**10440 W OAKLAND PARK BLVD
SUNRISE FL 33351**

**10440 W OAKLAND PARK BLVD
SUNRISE FL 33351**

3. Date Incorporated or Qualified

06/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YEARWOOD, RON
10440 W OAKLAND PARK BLVD
C/O SUNRISE POLICE DEPT.
SUNRISE FL 33351**

81

Name

MARK C BYERS

82

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

10440 W OAKLAND PARK BLVD

83

City

SUNRISE

84

State

FL

Zip Code
33351

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

Mark C Byers
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLOUGH, JERRY	
STREET ADDRESS	10440 W OAKLAND PARK BLVD	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YEARWOOD, RON	
STREET ADDRESS	10440 W OAKLAND PARK BLVD	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHORT, SHERRI	
STREET ADDRESS	10440 W OAKLAND PARK BLVD	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BINGHAM, WILLIAM	
STREET ADDRESS	10440 W OAKLAND PARK BLVD	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOTO-SORIA, JOHNNY	
STREET ADDRESS	6390 W OAKLAND PK BLVD	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAY, TINA	
STREET ADDRESS	10116 W OAKLAND PK BLVD	
CITY-ST-ZIP	SUNRISE FL 33351	

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HAROLD CARTER	
1.3 STREET ADDRESS	825 NW 31ST AVE	
1.4 CITY-ST-ZIP	Fort Lauderdale FL 33311	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARK C BYERS	
2.3 STREET ADDRESS	10440 W OAKLAND PK BLVD	
2.4 CITY-ST-ZIP	SUNRISE FL 33351	
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 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:

Richard E. L. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD E. L. [Signature]

3/13/96

(954) 321-9991

(Date)

Daytime Phone #

CR2E037 (12/95)