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FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 3335110440 W OAKLAND PARK BLVD
SUNRISE FL 33351-68223. Date Incorporated or Qualified
06/22/19953a. Date of Last Report
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

APPLIED FOR 65-059418

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

BYERS, MARK C.
10440 W OAKLAND PARK BLVD
40 SUNRISE POLICE DEPT.
SUNRISE FL 33351

81 Name

NIILOFF, ALAN

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

10440 W OAKLAND PARK BLVD

83

SUNRISE POLICE DEPT

84 City

SUNRISE

FL

85 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

Signature, typed & printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME CARTER, HAROLD
STREET ADDRESS 825 NW 31ST AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME BYERS, MARK C
STREET ADDRESS 10440 W OAKLAND PARK BLVD
CITY-ST-ZIP SUNRISE FL2.1 TITLE ☒ Change ☐ Addition
2.2 NAME NIILOFF, ALAN
2.3 STREET ADDRESS 10440 W OAKLAND PARK BLVD
2.4 CITY-ST-ZIP SUNRISE, FL 33351TITLE D ☐ DELETE
NAME SHORT, SHERRI
STREET ADDRESS 10440 W OAKLAND PARK BLVD
CITY-ST-ZIP SUNRISE FL 333513.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BINGHAM, WILLIAM
STREET ADDRESS 10440 W OAKLAND PARK BLVD
CITY-ST-ZIP SUNRISE FL 333514.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME SOTO-SORIA, JOHNNY
STREET ADDRESS 6390 W OAKLAND PK BLVD
CITY-ST-ZIP SUNRISE FL 333135.1 TITLE ☒ Change ☐ Addition
5.2 NAME SHEILA DAWLEY
5.3 STREET ADDRESS 10440 W OAKLAND PARK BLVD
5.4 CITY-ST-ZIP SUNRISE, FL 33351TITLE D ☒ DELETE
NAME RAY, TINA
STREET ADDRESS 10116 W OAKLAND PK BLVD
CITY-ST-ZIP SUNRISE FL 333516.1 TITLE ☒ Change ☐ Addition
6.2 NAME FALLAS, ALIEN
6.3 STREET ADDRESS 4660 NW 99 TERRACE
6.4 CITY-ST-ZIP SUNRISE, FL 33351

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037840

2-17-97 (964) 746-3541

CR2E037 (9/96)