



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000003476 1. Entity Name ORANGE COUNTY POLICE ATHLETIC LEAGUE, INC.	
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Principal Place of Business OCSO COMMUNITY POLICING DIV. 2500 W. COLONIAL DR. ORLANDO, FL 32804	Mailing Address OCSO COMMUNITY POLICING DIV. 2500 W. COLONIAL DR. ORLANDO, FL 32804
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3094368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GIDUS, ANDY OCSO COMMUNITY POLICING DIVISION 2500 W. COLONIAL DR. ORLANDO, FL 32804

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIDUS, ANDY 2500 W. COLONIAL DR. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SALDANO, SAL 2500 W. COLONIAL DR. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS KUSHMER, BETTY 2500 W. COLONIAL DR. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000601076 01/26/07-80036-005 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1-18-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #