

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003582

FILED
Jan 20, 2009
Secretary of State

Entity Name: THE POLICE ATHLETIC LEAGUE OF ORMOND BEACH, INC.

Current Principal Place of Business:

170 W. GRANADA BLVD.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

170 W. GRANADA BLVD.
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3552169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MESSERSMITH WEAVER, LISA
C/O ORMOND BEACH POLICE DEPARTMENT
170 WEST GRANADA BLVD
ORMOND BEACH, FL 32174 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: DT () Delete
Name: BEATTY, CHRIS
Address: 170 W. GRANADA BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: DV () Delete
Name: STRATTON, MARIE
Address: 100 CORBIN AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: P () Delete
Name: THOMAS, DOUG
Address: 305 DIVISION ST
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: DANIELS, JOE
Address: 56 FAIRVIEW AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: MESSERSMITH, LISA
Address: 170 W. GRANADA BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: LEGUT, BELINDA
Address: 170 W GRANADA BLVD
City-St-Zip: ORMOND BEACH, FL 32174

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 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: LISA MESSERSMITH WEAVER

D

01/20/2009

Electronic Signature of Signing Officer or Director

Date