

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003582

FILED  
Jan 31, 2011  
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  
**Name:** BEATTY, CHRIS  
**Address:** 170 W. GRANADA BLVD.  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** DV  
**Name:** STRATTON, MARIE  
**Address:** 100 OSCEOLA AVENUE  
**City-St-Zip:** ORMOND BEACH, FL 32176

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

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

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

**Title:** S  
**Name:** LEGUT, BELINDA  
**Address:** 194 CENTRAL AVE.  
**City-St-Zip:** ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

**SIGNATURE:** DOUG THOMAS

PRES

01/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date