FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500004860

USA POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business									
116 FIRST TERRACE									
PALM BEACH GARDENS FL 33418									

Mailing Address

116 FIRST TERRACE

PALM BEACH GARDENS FL 33418

FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90030 022 ****70.00



Principal Place of Business 2a. Mailing Address						3:	Date Incorporat	ed or Qualifed					
							10/13/1995						
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							FEI Number		*****	. Ap	plied For		
22 27							65-0621464			No	t Applicable		
City & State City & State							5. Certifcate of Status Desired		×	\$8.75 A			
23 28							Certificate of 3t	alus Desireu		Fee Re	quired		
Zip	Country Zip					6.	6. Election Campaign Financing			\$5.00	7		
24	25 29 30				Trust Fund Contribution				Added to	o Fees			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent							
				81	Name								
JOHNSON, JOSPEH F				82	Street	treet Address (P.O. Box Number is Not Acceptable)							
116 FIRST TERRACE				83									
PALM BEACH GARDENS FL 33418									-				
					City					85 Zip C	ode		
			*						FL				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 a	egistered agent, or both, in the manual accept t	e obligations of, Section 6	17.0503, Florida	Statutes					. ,.	·	•		
SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere					nt signature r		reinstating) ADDITIONS/CH/	NGES TO O	DATE FEICERS AN	ID DIRECTO	RS IN 12		
12.		ERS AND DIRECTORS] DELETE	13.			ADDITIONOLOGIA	11020.00	7110211071	Change	Addition		
TITLE	PD	,		1.2 NAME						_ :			
NAME	NUARELLA, MIINE					m 10	warry	Road			,		
STREET ADDRESS	J MINO DI				ADDRESS		nairy	AT	h/-/-	11.			
CITY-ST-ZIP	DI III GELETE			1.4 CITY-S 2.1 TITLE	T-ZIP	147	MAGII	, C.	000	Change	Addition		
TITLE	<u> </u>			2.2 NAME							_		
NAME	WALDDAUEN, GEORGE												
STREET ADDRESS	F.O. DON 20 14/A				ADDRESS								
CITY-ST-ZIP	The state of the s				T-ZIP					Change	Addition		
TITLE	TD	,	_ DELETE	3.1 TITLE 3.2 NAME		İ					_		
NAME	O'BRIEN, ANTHONY						n		•				
STREET ADDRESS	3228 GUN CLUB RD			3.3 STREET		'							
CITY-ST-ZIP	WEST PALM BEACH FL	33406	DELETE	3.4. CITY-S 4.1 TITLE	T-ZIP	<u> </u>				Change	Addition		
TITLE	D	ľ		4.2 NAME							_		
NAME	JOHNSON, JOSEPH F				TADDRESS								
STREET ADDRESS	116 FIRST TERR	EL 00400		4.3 STREE							•		
CITY-ST-ZIP	PALM BEACH GARDENS		DELETE	5.1 TITLE	1-417	SD				Change	Addition		
NAME		•	_ :	5.2 NAME		DA	ND BE	AUDR	4		ļ		
				5.3 STREE	TADDRESS	130	ALAEM	SAF R	.8 SE	-			
STREET ADDRESS				5,4 CITY-S	T-ZIP	PA	LM BA	v. FL	329				
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE		, -1,		, ,		Change	Addition		
		•		6.2 NAME									
NAME			1	6.3 STREE	T ADDRESS								
STREET ADDRESS			1	e A CITY S									

14. I 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, with all other like empowered.