FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

T AND HANDA DARB ADARDA ANAMA MARKA DEKIN BORKE DEKIN BARKE DEKIN BARKE BARKE BARKE BARKE BARKE BARKE BARKE BA

Secretary of State

Daytime Phone # 0040904

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # 1. Corporation Name N95000005144 (9)

PALM BEACH GARDENS POLICE ATHLETIC LEAGUE, INC.

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Principal Place of Business Mailing Address									٦	r saðisiði ðið Sálðu asin gani áðni	BAILL BAILL	BOIRT WILE HATE	HOUSE EIGH FORT
10500 NORTH MILITARY TRAIL PALM BEACH GARDENS FL 33410				10500 NORTH MILITARY TRAIL PALM BEACH GARDENS FL 33410-4634									
									3	 Date Incorporated or Qualified 11/01/1995 	3a. [Date of Last R 08/05/19	eport 96
2. Principal Place of Business				2a. Mailing Address					4	1. FEI Number		Ar	oplied For
21				26 P.O. BOX 32337				<u>3 / </u>		65-0590193			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5	5. Certificate of Status Desired		\$8.75	
22 City & State				City & State					4-			Fee Re	·
City & State				28 Palm Beach Garden					_	8. Election Campaign Financing Trust Fund Contribution		Added	
Zφ		Country			Zip 1921 1 1 3 3 1 3 3 1 1		untry 01		8	B. This corporation has liability for			. 199.032,
24							<u>u Beach</u>	Fiorida Statutes Yes No 10. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent								Name	11	J. Hallie Bild Addiges of New H	agrater et	1 våeur	
DETACHA OFORCE OFC							82						
BETSCHA, GEORGE OFC 10500 NORTH MILITARY TRAIL								Street Addr	ress ((P.O. Box Number is Not Accepta	ible)		
PALM BEACH GARDENS FL 33410													
IAUNU	LACIT WAIT	DE110 1 E 0011	10						 				
							84	City			FI	85 Zip	Code
office or r	egistered ac	ent, or both, in t	he State of Fl	lorida	7.1508, Florida Statu a. Such change was Section 617.0503, Fl	authorize	ed by	y the corporati	porati tion's	ion submits this statement for the s board of directors. I hereby according	purpose apt the ap	of changing it opointment as	is registered registered
SIGNATURE										······································			
12.	Signature, typed	f or printed name of reg	gistered agent and ERS AND DIF			TE: Register		ent signature requir	ired wh	nen reinstating) ADDITIONS/CHANGES TO OFF	DATE	AD DIBECTOR	3S IN 12
TITLE	ED	Orrio	Ena AND DI	neoi	DELETE		ffL€			ADDITIONS/CHANGES TO OFF	ICENS AI	Change	Addition
NAME	BETSCHA, GEORGE				1.2								
STREET ADDRESS 10500 NORTH MILITARY TRAIL							1.3 STREET ADDRESS						
CITY-ST-ZIP PALM BEACH GARDENS FL 33				T				ST-ZIP					
TITLE	PD				DELETE		TITLE	, <u></u>				☐ Change	Addition
NAME	CUNNINGHAM, SALLY				2.2 N								
STREET ADDRESS	AARAA MARTI AM TARU TRAN					TREET	T ADDRESS						
CITY - ST - ZIP	DALLA DELOUI CADDENIO EL O					2.4	CITY-	ST-ZIP					·
TITLE	VPD				DELETE	3.1	ITLE					Change	Addition
NAME		, WILLIAM				3.2	NAME						
STREET ADDRESS		ga blvd				3.3	STREET	T ADDRESS					
City-St-ZiP		EACH GARDE	NS FL 3341	ID.	NE PETE			ST-ZIP				1 10	المالية
TITLE	TD	V 4144 HB			☐ DELETE		TITLE					Change	Addition
NAME		y, H.M. III Dakway Circ	10			I	NAME						
STREET ADDRESS		BEACH GARDE		10		4		T ADDRESS					,
CITY - ST - ZIP TITLE	SD SD	LACIT GAIDE	110 I L 304 I	10	DELETE		CHY-S TATLE	ST-ZIP				Change	Addition
NAME		II DAVE				1	NAME					press activities	
NAME BAGWELL, DAVE STREET ADDRESS 400 AVENUE OF THE CHAMPIO								T ADDRESS					
CITY-ST-ZIP PALM BEACH GARDENS FL 33								ST-ZIP					:
TITLE					DELETE		TITLE	F. 671				Change	Addition
NAME							NAME				•	g " • •	77
STREET ANDRESS								TADDRESS					

6.4 CITY - ST - ZIP

14. Ido 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 changes for on an attachment with an address.