

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005144 (9)**

1. Corporation Name

**PALM BEACH GARDENS POLICE ATHLETIC LEAGUE, INC.**



Principal Place of Business <b>10500 NORTH MILITARY TRAIL PALM BEACH GARDENS FL 33410</b>		Mailing Address <b>P.O. BOX 32337 PALM BEACH GARDENS FL 33420-2337 US</b>		3. Date Incorporated or Qualified <b>11/01/1995</b>
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0590193</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
23 Zip	28 Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip	25 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

**BETSCHA, GEORGE OFC  
10500 NORTH MILITARY TRAIL  
PALM BEACH GARDENS FL 33410**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida 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 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BETSCHA, GEORGE</b>	1.2 NAME	
STREET ADDRESS	<b>10500 NORTH MILITARY TRAIL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUNNINGHAM, SALLY</b>	2.2 NAME	
STREET ADDRESS	<b>10500 NORTH MILITARY TRAIL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRAW, WILLIAM</b>	3.2 NAME	
STREET ADDRESS	<b>2401 PGA BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIDGELY, H.M. III</b>	4.2 NAME	
STREET ADDRESS	<b>11030 OAKWAY CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAGWELL, DAVE</b>	5.2 NAME	
STREET ADDRESS	<b>400 AVENUE OF THE CHAMPIONS</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*[Signature]*

4-20-98

CR2E037 (10/97)