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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005377 (5)**

1. Corporation Name

PALM BAY POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

Mailing Address

**130 MALABAR ROAD SE
PALM BAY FL 32907**

**130 MALABAR ROAD SE
PALM BAY FL 32907**

3. Date Incorporated or Qualified

11/07/1995

4. FEI Number

59-3188241

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEAUDRY, DAVID
130 MALABAR RD SE
PALM BAY FL 32907**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSSMAN, ROBERT	
STREET ADDRESS	1631 COUNTRY COVE CIR	
CITY-ST-ZIP	MALABAR FL 32950	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CRISTOFARO, DANTE	
STREET ADDRESS	190 PELICAN DRIVE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	JONES, MARSHALL	
STREET ADDRESS	1490 WALDRUN STREET, S.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	EVANS, DAWN	
STREET ADDRESS	330 PORT MALABAR BLVD., N.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GILBERT, JULIE	
STREET ADDRESS	886 SCHOMER AVE SW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEEBLE, JAMES	
STREET ADDRESS	1590 LOMBARD ST NE	
CITY-ST-ZIP	PALM BAY FL 32907	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dennis Steuck	
1.3 STREET ADDRESS	495 Hurley Blvd SW	
1.4 CITY-ST-ZIP	Palm Bay, FL 32907	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rick Torpy	
2.3 STREET ADDRESS	731 Indian River Dr	
2.4 CITY-ST-ZIP	Melbourne, FL 32935	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard Hawkes	
3.3 STREET ADDRESS	1901 S. Harbor City Blvd	
3.4 CITY-ST-ZIP	Melbourne, FL 32901	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bert Purga	
4.3 STREET ADDRESS	250 Community College Pkwy	
4.4 CITY-ST-ZIP	Palm Bay, FL 32907	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David Brock	
5.3 STREET ADDRESS	1030 S. US1	
5.4 CITY-ST-ZIP	Rockledge, FL 32955	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jim Oeschlaeger	
6.3 STREET ADDRESS	150 W. University Blvd	
6.4 CITY-ST-ZIP	Melbourne, FL 32901	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **DAVID BEAUDRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-98 467-953-8988

Date

Daytime Phone #

CR2E037 (10/97)