
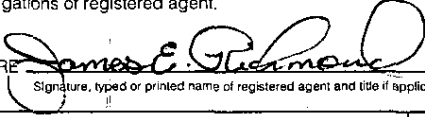
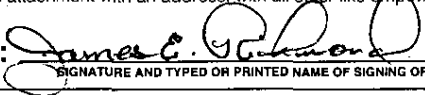


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90001 047 \*\*\*\*61.25

|   |                                    |  |   |  |   |
|---|------------------------------------|--|---|--|---|
| <b>DOCUMENT # N95000005377</b><br>1. Entity Name<br><b>PALM BAY POLICE ATHLETIC LEAGUE, INC.</b>  |                                    |  |   |   |   |
| Principal Place of Business<br><b>190 MALABAR ROAD<br/>SUITE 103<br/>PALM BAY, FL 32907 US</b>  |                                    |  | Mailing Address<br><b>130 MALABAR ROAD SE<br/>PALM BAY, FL 32907 US</b> |  |   |
| 2. Principal Place of Business  |                                    | 3. Mailing Address   |   |  |   |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc.  |   |  |   |
| City & State  |                                    | City & State   |   |  |   |
| Zip   | Country                            | Zip  | Country   |  |   |
| 6. Name and Address of Current Registered Agent   |                                    |  |   | 7. Name and Address of New Registered Agent  |   |
| <b>RICHMOND, JAMES<br/>130 MALABAR RD SE<br/>PALM BAY, FL 32907</b>   |                                    |  |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |                                    |  |   |  |   |
| SIGNATURE <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                    | <b>James Richmond</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |   | <b>7/27/04</b><br><small>DATE</small>  |   |
| <b>Filing Fee is \$61.25<br/>Due by September 8, 2004</b>   |                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                  |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |   |
| <b>Make check payable to<br/>Florida Department of State</b>  |                                    |  |   |  |   |
| 10. OFFICERS AND DIRECTORS  |                                    |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                   |  |   |
| TITLE   | D <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| NAME  | RICHMOND, JAMES                    |  | NAME  |  |   |
| STREET ADDRESS  | 130 MALABAR ROAD, SE               |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP   | PALM BAY, FL 32907                 |  | CITY-ST-ZIP   |  |   |
| TITLE   | T <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| NAME  | FRAME, LISA                        |  | NAME  |  |   |
| STREET ADDRESS  | 839 BROOKSON AVENUE, NW            |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP   | PALM BAY, FL 32907                 |  | CITY-ST-ZIP   |  |   |
| TITLE   | VP <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| NAME  | NUNGESSER, LYNNE                   |  | NAME  |  |   |
| STREET ADDRESS  | 130 MALABAR ROAD, SE               |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP   | PALM BAY, FL 32907                 |  | CITY-ST-ZIP   |  |   |
| TITLE   | S <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| NAME  | VIRGIN, SANDY                      |  | NAME  |  |   |
| STREET ADDRESS  | 1199 LAMPLIGHTER DRIVE, NW         |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP   | PALM BAY, FL 32907                 |  | CITY-ST-ZIP   |  |   |
| TITLE   | DP <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| NAME  | VON EDWINS, STEVE                  |  | NAME  |  |   |
| STREET ADDRESS  | 174 NATALIE CIR NE                 |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP   | PALM BAY, FL 32907                 |  | CITY-ST-ZIP   |  |   |
| TITLE   | <input type="checkbox"/> Delete    |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| NAME  |                                    |  | NAME  |  |   |
| STREET ADDRESS  |                                    |  | STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |                                    |  | CITY-ST-ZIP   |  |   |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                    |  |   |  |   |
| <b>SIGNATURE:</b>    |                                    |  | <b>James Richmond</b>   |  | <b>7/27/04</b>  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                    |  | <small>Date</small>   |  | <b>(321) 952-3531</b><br><small>Daytime Phone #</small> |

**44050554**



06302004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3188241**

|                |
|----------------|
| Applied For    |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required