
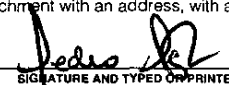


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90028 035 \*\*\*\*70.00

<b>DOCUMENT # N96000000737</b>					
<b>1. Entity Name</b> POLICE ATHLETIC LEAGUE OF FLORIDA CITY, FLORIDA, INC.					
<b>Principal Place of Business</b> 404 W. PALM DR FLORIDA CITY, FL 33034			<b>Mailing Address</b> 404 W. PALM DR FLORIDA CITY, FL 33034		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>  TAYLOR, PEDRO 404 W. PALM DR FLORIDA CITY, FL 33034				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, STEVEN 404 WEST PALM DRIVE FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD Alias, Kimberlee 404 West Palm Dr. Florida City, FL 33034
VD TAYLOR, PEDRO 404 WEST PALM DRIVE FLORIDA CITY, FL 33034		<input type="checkbox"/> Delete		VD Ramirez, Michelle 404 West Palm Dr. Florida City, FL 33034	
VD RAMIREZ, NICHELLE 404 WEST PALM DRIVE FLORIDA CITY, FL 33034		<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
VD COOPER, WILLIAM 404 WEST PALM DR HOMESTEAD, FL 33034		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD [Empty] [Empty] [Empty]		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD [Empty] [Empty] [Empty]		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/9/04 Daytime Phone #					

94059616



04082004 Chg-NP CR2E037 (10/03)

**4. FEI Number**  
65-0762205

Applied For  
Not Applicable

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

**FL**