

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90008 038 \*\*\*\*70.00

**DOCUMENT # N96000000737**

1. Entity Name  
POLICE ATHLETIC LEAGUE OF FLORIDA CITY,  
FLORIDA, INC.



Principal Place of Business  
404 W. PALM DR  
FLORIDA CITY, FL 33034

Mailing Address  
404 W. PALM DR  
FLORIDA CITY, FL 33034

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
65-0762205

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TAYLOR, PEDRO  
404 W. PALM DR  
FLORIDA CITY, FL 33034

**DO NOT WRITE  
IN THIS SPACE**

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

Pedro Taylor, Jr.

1/7/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE VD  
NAME TAYLOR, PEDRO  
STREET ADDRESS 404 WEST PALM DRIVE  
CITY-ST-ZIP FLORIDA CITY, FL 33034

TITLE VD  
NAME RAMIREZ, MICHELLE  
STREET ADDRESS 404 WEST PALM DR  
CITY-ST-ZIP FLORIDA CITY, FL 33034

TITLE VD  
NAME LILLIE, ASHON  
STREET ADDRESS 404 WEST PALM DRIVE  
CITY-ST-ZIP FLORIDA CITY, FL 33034

TITLE VD  
NAME JACKSON, EDNA  
STREET ADDRESS 404 WEST PALM DRIVE  
CITY-ST-ZIP FLORIDA CITY, FL 33034

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

Pedro Taylor, Jr.

(305)248-0571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #