

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000737

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** POLICE ATHLETIC LEAGUE OF FLORIDA CITY, FLORIDA, INC.

**Current Principal Place of Business:**

404 W. PALM DR  
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

404 W. PALM DR  
FLORIDA CITY, FL 33034

**New Mailing Address:**

**FEI Number:** 65-0762205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: TAYLOR, PEDRO  
Address: 404 WEST PALM DRIVE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VD ( ) Delete  
Name: RAMIREZ, MICHELLE  
Address: 404 WEST PALM DR  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VD ( ) Delete  
Name: LILLIE, ASHON  
Address: 404 WEST PALM DRIVE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VD ( ) Delete  
Name: JACKSON, EDNA  
Address: 404 WEST PALM DRIVE  
City-St-Zip: FLORIDA CITY, FL 33034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO W. TAYLOR

VD

01/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date