DOCUMENT # N9600000819

1. Entity Name

THE POLICE ATHLETIC LEAGUE OF PEMBROKE PINES, IN

Principal Place of Business

Mailing Address

9500 PINES BOULEVARD PEMBROKE PINES FL 33024 8362 PINES BLVD

STE 271

PEMBROKE PINES FL 33024

2. Principal Place of Business	3. Mailing Address
7900 Johnson Street	7900 Johnson Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

7900 Johnson Street 7900 Johnson Street Suite, Apt. #, etc. DO NOT WRITE IN		
	THIS SPACE	
City & State 4. FEI Number of ordered	Ar	oplied For
Pombroke Pines FL. Pembroke Pines Fl. 65-0701409		ot Applicable
ZIP Country ZIP Country 5 Certificate of Status Desired	\$8.75 Add	
33024 U.S. 33024 U.S.	Fee Require	d
6. Name and Address of Current Registered Agent 7. Name and Address of New Regist Name	tered Agent	
WILLIAM, STACY Street Address (P.O. Box Number is Not Acceptable)		
3099 EAST COMMERCIAL BLVD		
200	T 7:- 0-4	
FORT LAUDERDALE FL 33308	FL Zip Cod	в
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.		
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SIGNATURE	DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE	
To a Count O contribution Country State Coun	eck Payable to ment of State	'
FEE IS \$61.25 Pund Contribution. Added to Fees Departs	ment or state	:
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN	I 10
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 436-3880 Daytime Phone #