

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2004 08:00 AM  
Secretary of State

DOCUMENT # N96000000819

1. Entity Name

THE POLICE ATHLETIC LEAGUE OF PEMBROKE PINES, INC.



Principal Place of Business

7900 JOHNSON STREET  
PEMBROKE PINES FL 33024

Mailing Address

7900 JOHNSON STREET  
PEMBROKE PINES FL 33024  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0701409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAYNE, LINDSEY  
3099 EAST COMMERCIAL BLVD  
200  
FORT LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME DPC  
BRYANT, KEVIN ☐ Delete  
STREET ADDRESS 11401 PINES BLVD  
CITY - ST - ZIP PEMBROKE PINES FL 33026

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME DV  
GOLT, DAVID ☐ Delete  
STREET ADDRESS 9500 PINES BLVD  
CITY - ST - ZIP PEMBROKE PINES FL 33024

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME DS  
GEDDIS, MARK ☐ Delete  
STREET ADDRESS 14912 SW 15TH ST  
CITY - ST - ZIP PEMBROKE PINES FL 33027

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME DT  
RAIMONDI, RAY ☐ Delete  
STREET ADDRESS 9500 PINES BLVD  
CITY - ST - ZIP PEMBROKE PINES FL 33024

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME DM  
GIUSTINO, DANIEL ☐ Delete  
STREET ADDRESS 9500 PINES BLVD  
CITY - ST - ZIP PEMBROKE PINES FL 33024

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME D  
PARSONS, DAVID ☐ Delete  
STREET ADDRESS 9500 PINES BLVD  
CITY - ST - ZIP PEMBROKE PINES FL 33024

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray Raimondi - Treasurer 2-12-2004

Date

Daytime Phone #