

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90071 048 ****61.25

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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**

20017403



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02142005 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent
Name **Samuel S. Goren**
Goren, Cherof, Doodv & Ezrol, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3099 East Commercial Boulevard
Suite **200**
City **Fort Lauderdale** **FL** Zip Code **33308**

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 *Samuel S. Goren* DATE *2/17/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

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	DPC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYANT, KEVIN			NAME			
STREET ADDRESS	11401 PINES BLVD			STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33026			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLT, DAVID			NAME			
STREET ADDRESS	9500 PINES BLVD			STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEDDIS, MARK			NAME			
STREET ADDRESS	14912 SW 15TH ST			STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33027			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAIMONDI, RAY			NAME			
STREET ADDRESS	9500 PINES BLVD			STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024			CITY-ST-ZIP			
TITLE	DM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIUSTINO, DANIEL			NAME			
STREET ADDRESS	9500 PINES BLVD			STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARSONS, DAVID			NAME			
STREET ADDRESS	9500 PINES BLVD			STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024			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: *Ray Raimondi* **RAY RAIMONDI** **2-23-05** **(954) 436-3215**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #