

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N96000001116

1. Entity Name

SUWANNEE COUNTY POLICE ATHLETIC LEAGUE, INC.



APPROVED  
AND  
FILED

05 JUN -9 PM 4:00

Principal Place of Business

DOUGLASS CENTER  
LIVE OAK FL 32060  
US

Mailing Address

P.O. BOX 1287  
LIVE OAK FL 32060  
US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O Sheriffs Office

Suite, Apt. #, etc.

200 S Ohio Avenue

City & State  
Live Oak, FL

Zip

32064

Country

USA

1st MOORE

CR2E037 (10/04)

*(Handwritten signature)*

4. FEI Number

59-3380751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COOPER, JAMES  
7469 77TH RD  
LIVE OAK FL 32060

7. Name and Address of New Registered Agent

Name

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

600056150206

City

06/14/05 01033 013 \*\*61-25  
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, 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

TITLE P/D ☒ Delete  
NAME CAMERON, TONY  
STREET ADDRESS 5064 CR 795  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE D ☒ Delete  
NAME WILLIAMS, ALTON K JR  
STREET ADDRESS 200 SOUTH OHIO AVE  
CITY-ST-ZIP LIVE OAK FL 32064

TITLE S ☒ Delete  
NAME MOBLEY, TAMMY  
STREET ADDRESS LIVE OAK POLICE DEPT  
CITY-ST-ZIP LIVE OAK FL 32064

TITLE T/D ☒ Delete  
NAME COOPER, JAMES  
STREET ADDRESS ROUTE 2, BOX 219  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE D ☒ Delete  
NAME MCLEOD, NOLAN  
STREET ADDRESS DUVAL ST.  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE VC ☒ Delete  
NAME SMITH, HORACE  
STREET ADDRESS 2283 137TH RD  
CITY-ST-ZIP LIVE OAK FL 32060

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition  
NAME Terry Brinson  
STREET ADDRESS 11157 54th Street  
CITY-ST-ZIP Live Oak, FL 32060

TITLE Secretary ☒ Change ☐ Addition  
NAME Tammy Mobley  
STREET ADDRESS 619 5th Street  
CITY-ST-ZIP Live Oak, FL 32064

TITLE Treasurer ☒ Change ☐ Addition  
NAME James Cooper  
STREET ADDRESS 7469 77th Road  
CITY-ST-ZIP Live Oak, FL 32060

TITLE Advisory Board Member ☒ Change ☐ Addition  
NAME Sheriff Tony Cameron  
STREET ADDRESS 200 S Ohio Ave  
CITY-ST-ZIP Live Oak, FL 32064

TITLE Advisory Board Member ☒ Change ☐ Addition  
NAME Police Chief Nolan McLeod  
STREET ADDRESS 833 Pinewood Way  
CITY-ST-ZIP Live Oak, FL 32064

TITLE Board Member ☒ Change ☐ Addition  
NAME James Hendon  
STREET ADDRESS 9772 132nd Street  
CITY-ST-ZIP Live Oak, FL 32060

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:

*(Handwritten signature: Terry J. Brinson)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #