

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90270 029 \*\*\*\*61.25

**DOCUMENT # N96000001116**

1. Entity Name  
**SUWANNEE COUNTY POLICE ATHLETIC LEAGUE, INC.**



Principal Place of Business  
**DOUGLASS CENTER  
LIVE OAK, FL 32060 US**

Mailing Address  
**C/O SHERIFFS OFFICE  
200 S. OHIO AVENUE  
LIVE OAK, FL 32064 US**



01082006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**COOPER, JAMES  
7469 77TH RD  
LIVE OAK, FL 32060**

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 re-appointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 **P** ☐ Delete  
NAME **BRINSON, TERRY**  
STREET ADDRESS **11157 54TH STREET**  
CITY-STATE-ZIP **LIVE OAK, FL 32060**

TITLE **BM** ☐ Change ☐ Addition  
NAME **Mary Maxwell**  
STREET ADDRESS **6927 112th Terr**  
CITY-STATE-ZIP **Live Oak, FL 32060**

TITLE **S** ☐ Delete  
NAME **MOBLEY, TAMMY**  
STREET ADDRESS **619 5TH STREET**  
CITY-STATE-ZIP **LIVE OAK, FL 32064**

TITLE **BM** ☐ Change ☐ Addition  
NAME **Maurice Perkins**  
STREET ADDRESS **505 Lafayette Ave**  
CITY-STATE-ZIP **Live Oak, FL 32064**

TITLE **T** ☐ Delete  
NAME **COOPER, JAMES**  
STREET ADDRESS **7469 77TH ROAD**  
CITY-STATE-ZIP **LIVE OAK, FL 32060**

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

TITLE **ABM** ☐ Delete  
NAME **CAMERON, SHERIFF TONY**  
STREET ADDRESS **200 S OHIO AVE.**  
CITY-STATE-ZIP **LIVE OAK, FL 32064**

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

TITLE **ABM** ☐ Delete  
NAME **MCLEOD, NOLAN, POLICE CHIEF**  
STREET ADDRESS **833 PINWOOD WAY**  
CITY-STATE-ZIP **LIVE OAK, FL 32064**

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

TITLE **BM** ☐ Delete  
NAME **HENDON, JAMES**  
STREET ADDRESS **9772 132ND STREET**  
CITY-STATE-ZIP **LIVE OAK, FL 32060**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Terry Brinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-2006

Date

Daytime Phone #