

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90044 047 ****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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01162007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3380751

Applied For
Not Applicable

Zip

Country

Zip

Country

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

James Cooper

2-6-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MARY Maxwell - BM** ☐ Change ☐ Addition
NAME **6927 112TH TERR**
STREET ADDRESS **Live Oak, FL 32060**
CITY-ST-ZIP

TITLE **BM** ☐ Change ☒ Addition
NAME **MARY Holland**
STREET ADDRESS **11212 CR 49**
CITY-ST-ZIP **LIVE OAK, FL 32060**

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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:

Mary Maxwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-6-07 **386** **208 8693**

Date

Daytime Phone #