


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90017 048 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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2nd MOORE CR2E037 (4/08)

4. FEI Number 59-3380751	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COOPER, JAMES 7469 77TH RD LIVE OAK FL 32060	
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7. Name and Address of New Registered Agent	
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 September 3, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRINSON, TERRY 11157 54TH STREET LIVE OAK FL 32060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Mary Holland 11212 CR 49 Live Oak, FL 32060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOBLEY, TAMMY 619 5TH STREET LIVE OAK FL 32064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Maurice Perkins 505 Lafayette Ave Live Oak, FL 32064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOPER, JAMES 7469 77TH ROAD LIVE OAK FL 32060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABM CAMERON, SHERIFF TONY 200 S OHIO AVE. LIVE OAK FL 32064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MAXWELL, MARY 6927 112TH TERR LIVE OAK FL 32060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM HENDON, JAMES 9772 132ND STREET LIVE OAK FL 32060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 C Maxwell **MARY C Maxwell** 8/4/08 386208-8693