

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001116

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: SUWANNEE COUNTY POLICE ATHLETIC LEAGUE, INC.

## Current Principal Place of Business:

DOUGLASS CENTER  
LIVE OAK, FL 32060 US

## New Principal Place of Business:

617 ONTARIO AVE  
DOUGLAS CENTER  
LIVE OAK, FL 32064 US

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-3380751      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BRINSON, TERRY  
Address: 11157 54TH STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: S ( ) Delete  
Name: MOBLEY, TAMMY  
Address: 619 5TH STREET  
City-St-Zip: LIVE OAK, FL 32064

Title: T ( ) Delete  
Name: COOPER, JAMES  
Address: 7469 77TH ROAD  
City-St-Zip: LIVE OAK, FL 32060

Title: ABM ( ) Delete  
Name: CAMERON, SHERIFF TONY  
Address: 200 S OHIO AVE.  
City-St-Zip: LIVE OAK, FL 32064

Title: BM ( ) Delete  
Name: MAXWELL, MARY  
Address: 6927 112TH TERR  
City-St-Zip: LIVE OAK, FL 32060

Title: BM ( ) Delete  
Name: HENDON, JAMES  
Address: 9772 132ND STREET  
City-St-Zip: LIVE OAK, FL 32060

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY C MAXWELL

BM

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date