# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 21, 2010**
**Secretary of State**

DOCUMENT# N96000001116

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

**Current Principal Place of Business:**

617 ONTARIO AVE
DOUGLAS CENTER
LIVE OAK, FL 32064 US

**New Principal Place of Business:**

**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
Name: BRINSON, TERRY
Address: 11157 54TH STREET
City-St-Zip: LIVE OAK, FL 32060

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY C MAXWELL BM 01/21/2010

Electronic Signature of Signing Officer or Director Date