

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90195 013 ****61.25

DOCUMENT # N96000004198					
1. Entity Name PORT ST. LUCIE POLICE ATHLETIC LEAGUE, INC.					
Principal Place of Business 2101 SE TIFFANY AVE PORT SAINT LUCIE, FL 34952 US			Mailing Address 121 SW POST ST LUCIE BLVD PORT ST LUCIE, FL 34984 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		07062005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0432702	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KREIGER, JACK 1514 SE PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSBD HAYES, SUE <input checked="" type="checkbox"/> Delete 121 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GIESEY, DANIEL <input type="checkbox"/> Delete 121 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED REILLY, TIM <input type="checkbox"/> Delete 121 SW POST ST LUCIE BLVD PORT ST LUCIE, FL 34984				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LIETAERD, JOHN <input checked="" type="checkbox"/> Delete 515 NE SOLIDA CIR PORT SAINT LUCIE, FL 34983				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUE HAYES 121 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JENNIFER AVELLINO 121 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 exemption stated in Section 119.07(3)(i), 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: <u>Timothy Reilly</u> TIMOTHY REILLY 7/6/05 (772) 398-9436 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					