

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N97000002361 (0)
1. Corporation Name
POLICE ATHLETIC LEAGUE OF CHARLOTTE COUNTY, INC.



Principal Place of Business 25500 AIRPORT ROAD PUNTA GORDA FL 33950	Mailing Address 25500 AIRPORT ROAD PUNTA GORDA FL 33950
---	---

3. Date Incorporated or Qualified 04/25/1997	
4. FEI Number 59-3443937	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WORCH, RICHARD A JR.
25500 AIRPORT ROAD
PUNTA GORDA FL 33950**

81 Name	Richard H. Worch, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	D/C Richard H. Worch, Jr.
STREET ADDRESS		1.3 STREET ADDRESS	25500 Airport Rd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Punta Gorda, Florida 33950
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	D/P David Dignam Key Agency
STREET ADDRESS		2.3 STREET ADDRESS	1201 S. McCall Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Englewood, Florida 34223
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D/V Stephen Carter AAA Travel Agency
STREET ADDRESS		3.3 STREET ADDRESS	21220 Olean Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Port Charlotte, Florida 33952
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D/S Joy Cocuzzi CCSO
STREET ADDRESS		4.3 STREET ADDRESS	25500 Airport Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Punta Gorda, Florida 33950
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D/T Lynn Fuller CCSO
STREET ADDRESS		5.3 STREET ADDRESS	25500 Airport Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Punta Gorda, Florida 33950
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joy Cocuzzi *Joy Cocuzzi - Secretary* 3/18/98 941-575-5212

CR2E037 (10/97)