

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT# N97000002361

1. Entity Name
**POLICE ATHLETIC LEAGUE OF CHARLOTTE COUNTY,
INC.**



Principal Place of Business
**7474 UTILITIES RD
PUNTA GORDA, FL 33982 US**

Mailing Address
**6868 SAN CASA DR
ENGLEWOOD, FL 34224 US**



07122006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3443937

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DAVENPORT, JOHN
7474 UTILITIES RD
PUNTA GORDA, FL 33982**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ED
NAME	DAVENPORT, JOHN
STREET ADDRESS	7474 UTILITIES RD
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	DP
NAME	CARTER, STEPHEN
STREET ADDRESS	6868 SAN CASA DR
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	DV
NAME	BYRNE, TIM
STREET ADDRESS	9 SPORTSMAN RD
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	DS
NAME	HORVATH, WENDY
STREET ADDRESS	103 SIDNEY CT
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	DD
NAME	DEPERSIA, KEITH
STREET ADDRESS	6868 SAN CASA DR
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	DT
NAME	RICHARD, SHAWN
STREET ADDRESS	9 SPORTSMAN RD
CITY-ST-ZIP	ROTONDA WEST, FL 33947

U00000570657
07/18/06-80004-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wendy Horvath / Wendy Horvath 7/12/06 941-475-2631