

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002404

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

700 PARK AVENUE  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 40  
SHARPES, FL 329590040 US

**New Mailing Address:**

**FEI Number:** 59-3441257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CHABOT, RONALD  
700 PARK AVE.  
TITUSVILLE, FL 32780 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: PD  
Name: CHABOT, RONALD  
Address: P.O. BOX 40  
City-St-Zip: SHARPES, FL 329590040 US

Title: VPD  
Name: BROWN, GLENDA  
Address: P.O. BOX 40  
City-St-Zip: SHARPES, FL 329590040 US

Title: SD  
Name: ARNOLD, AMBER  
Address: P.O. BOX 40  
City-St-Zip: SHARPES, FL 329590040

Title: TD  
Name: POSTLETHWEIGHT, DENISE  
Address: P.O. BOX 40  
City-St-Zip: SHARPES, FL 329590040

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: DENISE POSTLETHWEIGHT

TD

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date