


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB -7 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004992 1. Entity Name LAKE WORTH POLICE ATHLETIC LEAGUE, INC.					
Principal Place of Business 120 NORTH LAKE WORTH, FL 33460			Mailing Address 120 NORTH LAKE WORTH, FL 33460		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0879024	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHONEY, MICHAEL B PO 120 NORTH LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MAHONEY, MICHAEL B STREET ADDRESS 120 NORTH "G" STREET CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME BOSTICK, ALLEN J SR. STREET ADDRESS 120 NORTH "G" STREET CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1000464184 02/11/05--01011--014 **297.50	
TITLE SD NAME FIELDS, DELORISA STREET ADDRESS 1700 BARTON ROAD CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME PHILLIPS, DEBORAH A STREET ADDRESS 120 NORTH "G" STREET CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SMITH, WILLIAM E STREET ADDRESS 120 NORTH "G" STREET CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition BR 2/9	
TITLE D NAME BOYD, DARRYL STREET ADDRESS 1121 LUCERNE AVENUE CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete		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: <i>Michael B. Mahoney</i>			Date: 02-03-05		Daytime Phone #: 561-586-1611 x188
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

