

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004992

FILED
Apr 23, 2009
Secretary of State

Entity Name: LAKE WORTH POLICE ATHLETIC LEAGUE, INC.

Current Principal Place of Business:

120 NORTH
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

120 NORTH
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 65-0879024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHONEY, MICHAEL B PO
120 NORTH
LAKE WORTH, FL 33460 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 () Delete
Name: MAHONEY, MICHAEL B
Address: 120 NORTH
City-St-Zip: LAKE WORTH, FL 33460

Title: VPD () Delete
Name: BOSTICK, ALLEN J SR.
Address: 120 NORTH
City-St-Zip: LAKE WORTH, FL 33460

Title: SD () Delete
Name: FIELDS, DELORISA
Address: 1700 BARTON ROAD
City-St-Zip: LAKE WORTH, FL 33460

Title: TD () Delete
Name: PHILLIPS, DEBORAH A
Address: 120 NORTH
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: SMITH, WILLIAM E
Address: 120 NORTH
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: BOYD, DARRYL
Address: 1121 LUCERNE AVENUE
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OSBORNE, RONALD
Address: 1699 WINGFIELD STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: D (X) Change () Addition
Name: RUIZ, JUAN
Address: 1699 WINGFIELD STREET
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL MAHONEY

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date