


FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90005 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000644

1. Corporation Name

RIVIERA BEACH POLICE ATHLETIC LEAGUE, INC.

Principal Place of Business

600 WEST BLUE HERON BLVD
RIVIERA BEACH FL 33404

Mailing Address

600 WEST BLUE HERON BLVD
RIVIERA BEACH FL 33404

618398-90003-428



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/02/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0831617	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent

SLAVIN, MICHAEL A
MCHALE & SLAVIN, P.A.
4440 PGA BLVD., STE 402
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

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

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	REGINA T. PRICE	DIRECTOR	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REGINA T. PRICE			1.2 NAME			
STREET ADDRESS	600 WEST BLUE HERON			1.3 STREET ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH, FL 33404			1.4 CITY-ST-ZIP			
TITLE	THOMAS MULWANEY	DIRECTOR	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS MULWANEY			2.2 NAME			
STREET ADDRESS	600 WEST BLUE HERON			2.3 STREET ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH, FL 33404			2.4 CITY-ST-ZIP			
TITLE	DAVID I. HARRIS	DIRECTOR	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVID I. HARRIS			3.2 NAME			
STREET ADDRESS	600 WEST BLUE HERON			3.3 STREET ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH, FL 33404			3.4 CITY-ST-ZIP			
TITLE	ROBERT COPPIN	DIRECTOR	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERT COPPIN			4.2 NAME			
STREET ADDRESS	600 WEST BLUE HERON			4.3 STREET ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH, FL 33404			4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/99 561 845 4163
 Date Daytime Phone #

CRE037 (5/99)