

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005014

FILED  
Apr 02, 2007  
Secretary of State

**Entity Name:** POLICE ATHLETIC LEAGUE OF WEST PALM BEACH, INC.

**Current Principal Place of Business:**

WEST PALM BEACH POLICE DEPARTMENT  
600 BANYAN BOULEVARD  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

WEST PALM BEACH POLICE DEPARTMENT  
600 BANYAN BOULEVARD  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 65-0929021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARY, CARROLL  
600 BANYAN BOULEVARD  
WEST PALM BEACH, FL 33401 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: ROBERTS, JOHN  
Address: 600 BANYAN BLVD  
City-St-Zip: W. PALM BCH, FL 33401

Title: SDTD ( ) Delete  
Name: ZAHN, HARRIET  
Address: 600 BANYAN BLVD  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPD ( ) Delete  
Name: HOWARD, JOHN  
Address: 600 BANYAN BLVD  
City-St-Zip: WEST PALM BEACH, FL 33401

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: HARRIET ZAHN

SDTD

04/02/2007

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

\_\_\_\_\_  
Date