

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90399 049 \*\*\*\*61.25

**DOCUMENT # N99000001962**

1. Entity Name  
**TALLAHASSEE POLICE ATHLETIC LEAGUE,  
INCORPORATED**



Principal Place of Business  
**234 E. 7TH AVE.  
TALLAHASSEE, FL 32303**

Mailing Address  
**234 E. 7TH AVE.  
TALLAHASSEE, FL 32303**

**50039002**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3578023**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCNEIL, WALTER A  
TALLAHASSEE POLICE DEPARTMENT  
234 E. 7TH AVE.  
TALLAHASSEE, FL 32303**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **JENKINS, CASSANDRA**  
STREET ADDRESS **1028 LONG ST**  
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE **VP** ☐ Delete  
NAME **LEWIS, MAGGIE B**  
STREET ADDRESS **LEON COUNTY SCHOOLS 2757 W. PENSACOLA ST.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32304**

TITLE **D** ☐ Delete  
NAME **MCNEIL, WALTER A CHIEF**  
STREET ADDRESS **TALLAHASSEE POLICE DEPARTMENT 234 7 AVE**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **D** ☒ Delete  
NAME **CITRON, JOHN**  
STREET ADDRESS **106 E. JEFFERSON ST.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **D** ☐ Delete  
NAME **GAVIN, DORITA ~~SERGEANT~~ LT.**  
STREET ADDRESS **TALLAHASSEE POLICE DEPARTMENT 234 7 AVE.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **D** ☐ Delete  
NAME **GOVANS, JOHN**  
STREET ADDRESS **CITY OF TALLA. PARK & REC 922 MEYERS PK DR**  
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition  
NAME **STEVEN SIADÉ**  
STREET ADDRESS **234 E. Seventh Ave.**  
CITY-ST-ZIP **Talla., FL 32303**

TITLE **Director** ☐ Change ☒ Addition  
NAME **John Proctor**  
STREET ADDRESS **234 E. Seventh Ave**  
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **President** ☐ Change ☒ Addition  
NAME **Jerrell Lowery**  
STREET ADDRESS **926-3 W. Thorpe St**  
CITY-ST-ZIP **Talla., FL 32303**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Carolyn Cummings**  
STREET ADDRESS **462 W. Brevard St.**  
CITY-ST-ZIP **Talla., FL 32301**

TITLE **Director** ☐ Change ☒ Addition  
NAME **AL DENNIS**  
STREET ADDRESS **P.O. Box 1489- FOLE**  
CITY-ST-ZIP **Talla., FL 32302**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/14/05**