

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N99000001962

1. Entity Name

Tallahassee Police Athletic
League, INC.



FILED

07 JUL-3 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

234 E. SEVENTH AVE

3. Mailing Address

P.O. BOX 14482

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E037B (8/05)

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

593578023

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

32317

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Dennis Jones

Street Address (P.O. Box Number is Not Acceptable)

234 E. SEVENTH AVE.

Tallahassee Police Dept.

City

TALLAHASSEE

FL

Zip Code

32303

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

**FEE IS \$61.25
Initial or Amended AR**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
Jerrell Lowery
926-3 W. Tharpe St
Talla., FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800106257568
07/17/07--01016--008 **\$1.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
AL DENNIS
PO BOX 1489
Tallahassee, FL 32302

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LT. Dorita Gavin
234 E. Seventh Ave
Tallahassee, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DAVID SIMS, Sergeant
234 E. Seventh Ave
Tallahassee, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dorita Gavin

7-3-07