

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001962

FILED
May 06, 2008
Secretary of State

Entity Name: TALLAHASSEE POLICE ATHLETIC LEAGUE, INCORPORATED

Current Principal Place of Business:

234 E. 7TH AVE.
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14482
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3578023 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, DENNIS
TALLAHASSEE POLICE DEPARTMENT
234 E. 7TH AVE.
TALLAHASSEE, FL 32303 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: P () Delete
Name: LOWERY, JERRELL
Address: 926-3 W THARPE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: V () Delete
Name: DENNIS, AL
Address: P.O. BOX 1489
City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete
Name: GAVIN, DORITA LT
Address: 234 E. 7TH AVE.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: SIMS, DAVID SGT
Address: 234 E. 7TH AVE.
City-St-Zip: TALLAHASSEE, FL 32303

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:

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: DORITA GAVIN

MS

05/06/2008

Electronic Signature of Signing Officer or Director

Date