

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90001 027 ****61.25

DOCUMENT # N99000003059

1. Entity Name
PINES POLICE ATHLETIC CLUB INC.



Principal Place of Business
9500 PINES BLVD.
PEMBROKE PINES, FL 33025

Mailing Address
9500 PINES BLVD.
PEMBROKE PINES, FL 33025

54070917



DO NOT WRITE IN THIS SPACE

08242004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0924817

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~GRANT, MICHAEL L~~ **KELLY BRENT**
10211 PINES BLVD.
SUITE 119
PEMBROKE PINES, FL 33026

**DO NOT WRITE
IN THIS SPACE**

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

Kelly Brent

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

(NOTE: Registered Agent signature required when reinstating)

8-23-04

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
BRENT, KELLY
10211 PINES BLVD #119
PEMBROKE PINES, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
SAMMARLO, JOHN
10211 PINES BLVD #119
PEMBROKE PINES, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
DUTLON, PAM
10211 PINES BLVD #119
PEMBROKE PINES, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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

Kelly Brent

8-23-04 934-447-1782

Date

Daytime Phone #