

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003059

FILED  
Aug 30, 2005  
Secretary of State

**Entity Name:** PINES POLICE ATHLETIC CLUB INC.

**Current Principal Place of Business:**

9500 PINES BLVD.  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

9500 PINES BLVD.  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

**FEI Number:** 65-0924817      **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:**

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

BRENT, KELLY  
10211 PINES BLVD.  
SUITE 119  
PEMBROKE PINES, FL 33026 US

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: T ( ) Delete  
Name: BRENT, KELLY  
Address: 10211 PINES BLVD #119  
City-St-Zip: PEMBROKE PINES, FL

Title: DP ( ) Delete  
Name: SAMMARLO, JOHN  
Address: 10211 PINES BLVD #119  
City-St-Zip: PEMBROKE PINES, FL

Title: DS ( ) Delete  
Name: DUTLON, PAM  
Address: 10211 PINES BLVD #119  
City-St-Zip: PEMBROKE PINES, FL

**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 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 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: JOHN SAMMARCO

DP

08/30/2005

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

\_\_\_\_\_  
Date