

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

DOCUMENT# N99000003070

**FILED**  
**Mar 05, 2004**  
**Secretary of State****Entity Name:** THE POLICE ATHLETIC LEAGUE AND CHARTER SCHOOLS OF MANATEE COUNTY, INC.**Current Principal Place of Business:**202 13TH AVENUE EAST  
BRADENTON, FL 34208**New Principal Place of Business:****Current Mailing Address:**202 13TH AVENUE EAST  
BRADENTON, FL 34208**New Mailing Address:****FEI Number:** 59-3597540**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ROBINSON, LAYON  
442 OLD MAIN STREET  
BRADENTON, FL 34205 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:** PD ( ) Delete  
**Name:** PRESHA, WALTER  
**Address:** P.O. BOX 106  
**City-St-Zip:** PARRISH, FL 34219**Title:** D ( ) Delete  
**Name:** LOWE, GARY  
**Address:** 1115 10TH ST. W  
**City-St-Zip:** PALMETTO, FL 34221**Title:** D ( ) Delete  
**Name:** MILLS, VIRGIL  
**Address:** 3304 7TH ST CIR W  
**City-St-Zip:** PALMETTO, FL 34221**Title:** TD ( ) Delete  
**Name:** ROBINSON, LAYON  
**Address:** 442 OLD MAIN STREET  
**City-St-Zip:** BRADENTON, FL 34205**Title:** D ( ) Delete  
**Name:** MILLER, JOE  
**Address:** 312 69TH ST NW  
**City-St-Zip:** BRADENTON, FL 34209**Title:** D ( ) Delete  
**Name:** WELLS, CHARLES  
**Address:** 515 11TH STREET WEST  
**City-St-Zip:** BRADENTON, FL 34205**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:****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: WALTER PRESHA

PD

03/05/2004

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