2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005462

FILED Apr 29, 2009 Secretary of State

Entity Name: GREATER MELBOURNE POLICE ATHLETIC LEAGUE, INC.

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	OLLO BLVD. RNE, FL 32901				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	OLLO BLVD. RNE, FL 32901				
FEI Number	: 59-3604849	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GOUGELMAN, PAUL R III 900 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901 US			FLAVIN, THOMAS P 330 FIFTH AVENUE INDIALANTIC, FL 3290		
	e named entity s e of Florida.	submits this statement for the p	purpose of changing its registered	office or registered agent, or both	
SIGNATURE: THOMAS P FLAVIN				04/29/2009	
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	WETZEL, BRIA 579 FRANKLYN	N AVENUE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	TRES () REEDER, BRUG 304 DELAND A' INDIALANTIC, F	VE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	VP ()) Delete	Title: () Change () Addition	
Name: Address:	WILLIAMS, MÌÓ 112 LANSING I	CHAEL	Name: Address: City-St-Zip:) Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	WILLIAMS, MIC 112 LANSING I INDIAN HARBO	CHAEL SLAND UR BEACH, FL 32937 Delete RES I STREET	Name: Address: City-St-Zip:) Change () Addition	

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: DELORES A. PRYCE ED 04/29/2009