

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00499

Entity Name: STATE OF FLORIDA ASSOCIATION OF POLICE
ATHLETIC/ACTIVITIES LEAGUES, INC.**FILED**
Feb 28, 2017
Secretary of State
CC5256136357**Current Principal Place of Business:**1205 MONUMENT ROAD
304
JACKSONVILLE, FL 32225**Current Mailing Address:**P.O. BOX 350399
JACKSONVILLE, FL 32235-0394**FEI Number: 59-2588363****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SCOTT, LAVERN B SR.
2500 MONUMENT ROAD
SUITE 204
JACKSONVILLE, FL 32225 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: MR. LAVERN B. SCOTT SR.****02/28/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PD
Name BRIMER, LESLEE
Address 130 MALABAR ROAD SE
City-State-Zip: PALM BAY FL 32907**Title** VP
Name CARRILLO, JONATHAN
Address 410 SE 3RD STREET
City-State-Zip: HALLANDALE BEACH FL 33009**Title** TREASURER
Name PATTERSON, STEPHANIE
Address 600 BANYAN BLVD
City-State-Zip: WEST PALM BEACH FL 33401**Title** S
Name FLORES, JOSE
Address 2801 SALZEDO STREET
City-State-Zip: CORAL GABLES FL 33134**Title** D
Name SCOTT, LAVERN BSR
Address 2500 MONUMENT ROAD SUITE 204
City-State-Zip: JACKSONVILLE FL 32225**Title** TRUSTEE
Name SHAW, JASON
Address 110 NORTH 11TH STREET
City-State-Zip: PALATKA FL 32177

I hereby 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 all other like empowered.

SIGNATURE: MR. LAVERN B. SCOTT SR.**EXECUTIVE DIRECTOR****02/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date