

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00499

**Entity Name:** STATE OF FLORIDA ASSOCIATION OF POLICE  
ATHLETIC/ACTIVITIES LEAGUES, INC.

**FILED**  
**Mar 29, 2022**  
**Secretary of State**  
**6486002082CC**

**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: No**

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

SCOTT, LAVERN B SR.  
1205 MONUMENT ROAD  
SUITE 304  
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.**

**03/29/2022**

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: SCOTT, LAVERN BSR**

**D**

**03/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date