

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public
Inspection**

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
Brevard County Police Athletic League Inc
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O Box 40
 City or town, state or country, and ZIP + 4
Sharpes, FL 32959-0040

D Employer identification number
59-3441257

E Telephone number

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **www.bcsopal.org**

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **105,183**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I

		RECEIVED			
		JUN 24 2011			
		OGDEN, UT			
	1	Contributions, gifts, grants, and similar amounts received	1		97,314
	2	Program service revenue including government fees and contracts	2		2,865
	3	Membership dues and assessments	3		
	4	Investment income	4		411
	5a	Gross amount from sale of assets other than inventory	5a		
	5b	Less cost or other basis and sales expenses	5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
R e v e n u e	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	4,593	
	c	Less direct expenses from gaming and fundraising events	6c	2,707	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		1,886
	7a	Gross sales of inventory, less returns and allowances	7a		
	7b	Less cost of goods sold	7b		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other revenue (describe in Schedule O)	8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		102,476
E x p e n s e s	10	Grants and similar amounts paid (list in Schedule O)	10		
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12		24,296
	13	Professional fees and other payments to independent contractors	13		17,290
	14	Occupancy, rent, utilities, and maintenance	14		40,450
	15	Printing, publications, postage, and shipping	15		344
	16	Other expenses (describe in Schedule O)	16		42,575
	17	Total expenses. Add lines 10 through 16	17		124,955
A s s e t s	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		(22,479)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		121,983
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21		99,504

SCANNED JUL 07 2011

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2010) Z1

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

Table with 4 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III []

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

Table with 4 columns: Line number, Description, Line number, Expenses. Rows include Camp Chance, Sponsoring several educational and athletic programs, Other program services, Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV []

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (if not paid, enter -), (d) Contributions to empl benefit plans & deferred compensation, (e) Expense account and other allowances. Rows include Theresa Steeman, Ronald Chabot, Glenda Brown, Amber Arnold, Denise Postlethweight.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, financial accounts, and tax-exempt status. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and dates.

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules or statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which he or she has any knowledge.

Sign Here	<i>President Ron CHA</i> Signature of officer
	Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name Mary Young
	Preparer's signature <i>Mary Young</i>
	Firm's name Firm's address Mary Louise E Young CPA 1353 N. Courtenay Parkway Merritt Island FL 32953

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

Brevard County Police Athletic League Inc

Employer identification number

59-3441257

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	13,381	55,037	75,668	45,612	65,314	255,012
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge				61,808	32,000	93,808
4 Total. Add lines 1 through 3	13,381	55,037	75,668	107,420	97,314	348,820
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						25,503
6 Public support. Subtract line 5 from line 4						323,317

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	13,381	55,037	75,668	107,420	97,314	348,820
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,646	3,057	3,021	1,168	411	11,303
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				3,385	4,593	7,978
11 Total support. Add lines 7 through 10						368,101
12 Gross receipts from related activities, etc (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	87.83	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	89.12	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III. Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II)

If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under sec 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

Brevard County Police Athletic League Inc

59-3441257

01. Description of other expenses (Part I, line 16)

Description	Amount
Cape Canaveral program expenses	10,451
Camp Chance program expenses	10,160
Depreciation	4,315
Dues and memberships	585
Explorer Program general expenses	809
General administrative expenses	709
Insurance	2,141
Licenses and permits	146
Marketing	849
Meals	284
Office supplies	1,353
Program other	1,032
RAMP national sponsored program	974
Shop with a Deputy Program	5,500
Storage	1,341
Telephone	1,034
Youth director council	892

02. Description of other assets (Part II, line 24)

Category	Beginning	
	of Year	End of Year
Sports Equipment	13,454	15,152
Computer Equipment	728	1,228

990

Overflow Statement

2010
Page 1

Name(s) as shown on return

FEIN

Brevard County Police Athletic League Inc

59-3441257

990-EZ, Part I, Line 14 Occupancy

Description	Amount
Facility in-kind lease	\$ 32,000
Facility repairs and maintenance	1,154
Utilities	7,296
Total:	\$ 40,450

NASH & KROMASH, LLP

ATTORNEYS AT LAW

Charles Ian Nash *§
Keith S. Kromash

440 South Babcock Street
Melbourne, Florida 32901

Tel: (321) 984-2440
Fax: (321) 984-1040

* Board Certified in Wills
Trusts and Estates Law
§ Fellow, American College of
Trust and Estate Counsel

May 20, 2011

Denise Postlethweight, CPA
Accounting Manager
Brevard County Sheriff's Office
700 Park Avenue
Titusville, Florida 32780

Received
Brevard Co. Sheriff's

MAY 23 2011

Accounting
Office

Re: Police Athletic League Matters
Our File No.: 209-1127

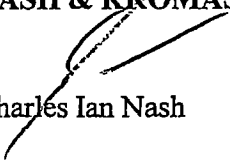
Dear Denise:

Enclosed with this letter please find the **original** Certified Copy of the Articles of Amendment to Articles of Incorporation of Brevard County Sheriff's Office Police Athletic League, Inc., which were filed with the Florida Secretary of State on May 18, 2011, and pursuant to which the name of the Corporation was changed with that office to Brevard County Police Athletic League, Inc., for your records. I have also enclosed herein a copy of the Certificate of Status issued by the Florida Secretary of State confirming the change in name and current active status of Brevard County Police Athletic League, Inc., for your records.

If you have any questions or concerns relative to this matter, please do not hesitate to contact me.

Very truly yours,

NASH & KROMASH, LLP


Charles Ian Nash

CIN/km
Enclosures as stated

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on May 18, 2011, to Articles of Incorporation for BREVARD COUNTY SHERIFF'S OFFICE POLICE ATHLETIC LEAGUE, INC. which changed its name to BREVARD COUNTY POLICE ATHLETIC LEAGUE, INC., a Florida corporation, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H11000134701. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this corporation is N97000002404.

Authentication Code: 211A00012421-051911-N97000002404-1/1

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Nineteenth day of May, 2011



Handwritten signature of Kurt S. Browning.

Kurt S. Browning
Secretary of State

**ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION OF
BREVARD COUNTY SHERIFF'S OFFICE POLICE ATHLETIC LEAGUE, INC.**

The undersigned, being the President of Brevard County Sheriff's Office Police Athletic League, Inc., a Florida not for profit corporation and pursuant to §617.1006, Florida Statutes, hereby adopts the following amendment to its Articles of Incorporation and certifies to the Secretary of State as follows:

ARTICLE I

The name of the corporation is Brevard County Sheriff's Office Police Athletic League, Inc.(hereafter, the "Corporation") and the Document Number assigned to the Corporation is N97000002404.

ARTICLE II

The text of the Amendment to the Articles of Incorporation of the Corporation shall be as follows:

Article I of the Articles of Incorporation of the Corporation shall be amended to read as follows:

ARTICLE I

The name of this Corporation shall be Brevard County Police Athletic League, Inc."

ARTICLE III

The Amendment to the Articles of Incorporation referred to in Article II hereof was duly and legally adopted by the Members and the Board of Directors by Resolution on April 11, 2011, pursuant to §617.1006, Florida Statutes.

ARTICLE IV

All of the Members and the Board of Directors of the Corporation approved the Resolution adopting the Amendment to the Articles of Incorporation referred to in Articles II hereof pursuant to §617.1006, Florida Statutes.

IN WITNESS WHEREOF, the undersigned has made and subscribed to these Articles of Amendment to Articles of Incorporation in Brevard County, Florida, this 11th day of April, 2011.

Brevard County Sheriff's Office Police Athletic League, Inc., a Florida not for profit corporation

By: 

Ronald Chabot, President

**CONSENT TO ACTION IN LIEU OF
MEETING OF THE MEMBERS AND DIRECTORS
OF
BREVARD COUNTY SHERIFF'S OFFICE POLICE ATHLETIC LEAGUE, INC.**

The undersigned, constituting all of the Members and all of the Directors of Brevard County Sheriff's Office Police Athletic League, Inc., a Florida not for profit corporation (the "Corporation") do hereby consent in writing to the adoption of the following resolutions as permitted by Florida Statutes and by the By-laws of the Corporation, and do hereby waive any notice to be given in connection therewith pursuant to this action:


BE IT RESOLVED, that Article I of the Articles of Incorporation is amended as follows:

"ARTICLE I - NAME

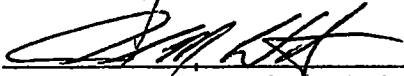
The name of this Corporation shall be Brevard County Police Athletic League, Inc."

BE IT FURTHER RESOLVED, that the President is authorized and directed to execute and file with the Secretary of State the Articles of Amendment effecting such change.

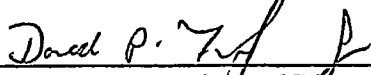
Dated this 11th day of April, 2011.



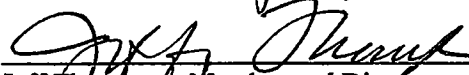
Alan Moros, Member and Director



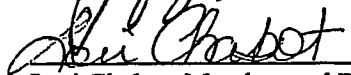
Andrew Walters, Member and Director



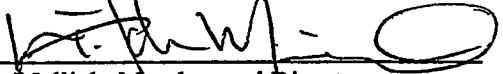
Don Frantzen, Member and Director



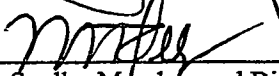
Jeff Thompson, Member and Director



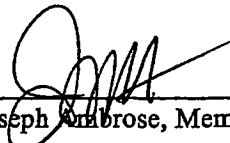
Lori Chabot, Member and Director

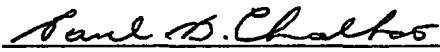


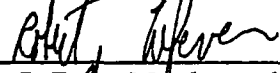
John Mellick, Member and Director





Mike Scully, Member and Director


Joseph Ambrose, Member and Director



Paul Chalko, Member and Director


Robert LeFever, Member and Director


Susan Jeter, Member and Director


Wayne Ivey, Member and Director


Ron Chabot, Member and Director


Jack Parker, Member and Director


Buzz Petsos, Member and Director


Glenda Brown, Member and Director


Amber Arnold, Member and Director


Denise Postlethweight, Member and Director

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Table with 3 columns: Type or print, Name of exempt organization, Employer identification number. Includes address: Brevard County Police Athletic League Inc, P O Box 40, Sharpes, FL 32959-0040

Enter the Return code for the return that this application is for (file a separate application for each return) 03

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Lists various forms like Form 990, Form 990-T, etc.

The books are in the care of Brevard County Sheriff P O Box 40, FL 32959-0040

Telephone No 321-264-5206 FAX No

- If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-15, 20 11, to file the exempt organization return for the organization named above

If the tax year entered in line 1 is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

Table with 3 columns: Description, 3a, 3b, 3c. Rows for nonrefundable credits, refundable credits, and balance due.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions