## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000001474

FILED Feb 18, 2009 Secretary of State

Entity Name: LAKE HOWELL POP WARNER LITTLE SCHOLARS, INC.

Current Principal Place of Business: New Principal Place of Business:

4200 DIKE RD

WINTER PARK, FL 32792

Current Mailing Address: New Mailing Address:

PO BOX 180412 PO BOX 300587

CASSELBERRY, FL 327180412 FERN PARK, FL 327300587

FEI Number: 30-0469715 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

ARRINGTON, JOSEPH

1448 ASTER COURT

WINTER PARK, FL 32792 US

MATHES, STEPHEN

4308 FOX HOLLOW CIRCLE

CASSELBERRY, FL 32730 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: STEPHEN MATHES 02/18/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 ABNEY, TY
 Name:
 JUDSKI, CYNTHIA

 Address:
 PO BOX 180412
 Address:
 PO BOX 300587

City-St-Zip: CASSELBERRY, FL 327180412 City-St-Zip: FERN PARK, FL 327300587

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 THIESSEN, BOBBIE
 Name:
 THIESSEN, BOBBIE

 Address:
 PO BOX 180412
 Address:
 PO BOX 300587

City-St-Zip: CASSELBERRY, FL 327180412 City-St-Zip: FERN PARK, FL 327300587

Title: T ( ) Delete Title: T (X) Change ( ) Addition
Name: ENGLERT, BETSY Name: ENGLERT, BETSY

Address: PO BOX 180412 Address: PO BOX 300587

City-St-Zip: CASSELBERRY, FL 327180412 City-St-Zip: FERN PARK, FL 327300587

 $\label{eq:title:S} {\sf Title:S} \qquad \qquad {\sf S} \qquad {\sf (A) Change (A) Addition}$ 

 Name:
 JUDSKI, CYNTHIA
 Name:
 DIRIENZO, BARBARA

 Address:
 PO BOX 180412
 Address:
 PO BOX 300587

City-St-Zip: CASSELBERRY, FL 327180412 City-St-Zip: FERN PARK, FL 327300587

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: CYNTHIA JUDSKI P 02/18/2009