

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N14768 1. Entity Name TIMUCUA POP WARNER FOOTBALL CONFERENCE, INC.						FILED 04 OCT 26 AM 11:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6046 E. ONEIDA ST. INVERNESS, FL 34450 US				Mailing Address 6046 E. ONEIDA ST. INVERNESS, FL 34450 US			
2. Principal Place of Business		3. Mailing Address				10212004 REIN-NP CR2E099 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 11-0602442				Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENDER, SCOTT 6046 E. ONEIDA STREET INVERNESS, FL 34452				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. 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. I am familiar with, and accept the obligations of registered agent.				SIGNATURE <u>Scott Bender</u> Signature, typed or printed name of registered agent and title, if applicable.			
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUNTER, DAVID RT. 3 BOX 1558-1 LAKE BUTLER, FL 32054			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TREADWAY, DENNIS 6139 W. PINE CIRCLE CRYSTAL RIVER, FL 34429			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOULD, KEVIN 15803 NW 120TH PLACE ALACHUA, FL 32615			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300042193973 10/26/04--01083--003 **236.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENDER, SCOTT 6046 E. ONEIDA STREET INVERNESS, FL 34452			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SMITH, DENISE 3515 N BROOKSHIRE PT CRYSTAL RIVER, FL 34428			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ De'te			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Scott Bender</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							