

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000977

**FILED**  
**Apr 26, 2004**  
**Secretary of State****Entity Name:** DUNNELLO POP WARNER FOOTBALL & CHEERLEADING, INC.**Current Principal Place of Business:**21245 PALATKA DR  
DUNNELLO, FL 34431**New Principal Place of Business:**12291 SE 137TH CT  
DUNNELLO, FL 34431**Current Mailing Address:**P.O. BOX 1137  
DUNNELLO, FL 34430**New Mailing Address:****FEI Number:** 59-3484407**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MAUCERI, SHEILA M  
21245 PALATKA DR  
DUNNELLO, FL 34431 US**Name and Address of New Registered Agent:**ROBERSON, LISA  
122912 SE 137TH CT  
DUNNELLO, FL 34431 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: LISA ROBERSON

04/26/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MEEK, JEFF  
Address: 21661 SW 102 ST RD  
City-St-Zip: DUNNELLO, FL

Title: SD ( ) Delete  
Name: MAUCERI, SHEILA  
Address: 21245 PALATKA DR  
City-St-Zip: DUNNELLO, FL 34431

Title: TD ( ) Delete  
Name: ROBERSON, LISA  
Address: 12291 SE 137TH CT  
City-St-Zip: DUNNELLO, FL 34431

Title: D ( ) Delete  
Name: KNOWLES, KAREN  
Address: 19184 ST LAWRENCE DR  
City-St-Zip: DUNNELLO, FL 34432

Title: D ( ) Delete  
Name: MAUCERI, ARTHUR  
Address: 21245 PALATKA DR  
City-St-Zip: DUNNELLO, FL 34431

Title: VPD ( ) Delete  
Name: NEELY, SUZANNE M  
Address: 13654 SE COUNTY RD 336  
City-St-Zip: DUNNELLO, FL 34432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KNOWLES, VAN  
Address: 19184 ST LAWRENCE DR  
City-St-Zip: DUNNELLO, FL 34432

Title: SD (X) Change ( ) Addition  
Name: TURNER, VICKI  
Address: 5260 SW 199TH CT  
City-St-Zip: DUNNELLO, FL 34431

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISA ROBERSON

TD

04/26/2004

Electronic Signature of Signing Officer or Director

Date