

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000977

FILED
Apr 01, 2009
Secretary of State

Entity Name: DUNNELLO POP WARNER FOOTBALL & CHEERLEADING, INC.

Current Principal Place of Business:

10423 N DAUPHINE TERRACE
DUNNELLO, FL 34433

New Principal Place of Business:

8505 SW 200CT
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:

GRABER, DARLA PD
10423 N DAUPHINE TERRACE
DUNNELLO, FL 34433 US

Name and Address of New Registered Agent:

SCHWEERS, CINDY A
8505 SW 200CT
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: CINDY SCHWEERS 04/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRABER, DARLA
Address: 10423 N DAUPHINE TERRACE
City-St-Zip: DUNNELLO, FL 34433

Title: VPD () Delete
Name: WEBSTER, BARBARA
Address: 13651 W HWY 328
City-St-Zip: OCALA, FL 34482

Title: TD () Delete
Name: SCHWEERS, CINDY
Address: 8505 SW 200 CT
City-St-Zip: DUNNELLO, FL 34431

Title: D () Delete
Name: CORTESE, ELLEN
Address: 2990 SW WESTWATER DR.
City-St-Zip: DUNNELLO, FL 34431

Title: D () Delete
Name: GRABER, MATHEW
Address: 10423 N DAUPHINE TERRACE
City-St-Zip: DUNNELLO, FL 34433

Title: D (X) Delete
Name: MICHAUD, SHANNON
Address: 2275 SW WOOD RD
City-St-Zip: DUNNELLO, FL 34431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, JUSTIN
Address: 4037 SW 168TH CIR
City-St-Zip: OCALA, FL 34481

Title: VP (X) Change () Addition
Name: WEBSTER, BARBARA
Address: 13651 W HWY 328
City-St-Zip: OCALA, FL 34482

Title: T (X) Change () Addition
Name: SCHWEERS, CINDY
Address: 8505 SW 200 CT
City-St-Zip: DUNNELLO, FL 34431

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

Title: D (X) Change () Addition
Name: SMITH, MANDEE
Address: 4037 SW 168TH CIR
City-St-Zip: OCALA, FL 34481

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

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: CINDY SCHWEERS TREA 04/01/2009

Electronic Signature of Signing Officer or Director Date