

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001474

**Entity Name:** LAKE HOWELL POP WARNER LITTLE SCHOLARS, INC.**Current Principal Place of Business:**4200 DIKE RD  
WINTER PARK, FL 32792**Current Mailing Address:**7501 CITRUS AVENUE #1297  
GOLDENROD, FL 32733 US**FEI Number:** 30-0469715**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAER, JENNIFER L  
7501 CITRUS AVENUE #1297  
GOLDENROD, FL 32733 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:** JENNIFER BAER

01/05/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SANSBURY, MATT  
Address        5776 OAK LAKE TRAIL  
City-State-Zip: OVIEDO FL 32765

Title            FOOTBALL DIRECTOR  
Name            BURTON, BRANDON  
Address        7501 CITRUS AVENUE #1297  
City-State-Zip: GOLDENROD FL 32733

Title            VP  
Name            PARSON, LISA  
Address        7501 CITRUS AVENUE #1297  
City-State-Zip: GOLDENROD FL 32733

Title            SECRETARY  
Name            ESPARZA, JULIE  
Address        7416 PORTSIDE CT  
City-State-Zip: WINTER PARK FL 32792

Title            SCHOLASTIC DIRECTOR  
Name            REISCH, WENDI  
Address        3045 NICHOLSON DR  
City-State-Zip: WINTER PARK FL 32792

Title            TREASURER  
Name            BAER, JENNIFER  
Address        394 WHITETAIL COVE  
City-State-Zip: CASSELBERRY FL 32707

Title            CHEER COMMISSIONER  
Name            CARRAVALLAH, KRISTIN  
Address        5430 ADMORE DR  
City-State-Zip: WINTER PARK FL 32792

Title            WEBMASTER  
Name            CARDIN, KEITH  
Address        7501 CITRUS AVENUE #1297  
City-State-Zip: GOLDENROD FL 32733

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*I hereby 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 all other like empowered.*

**SIGNATURE:** JENNIFER BAER**TREASURER**

01/05/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title FOOTBALL COMMISSIONER  
Name SPINELLI, DAVID  
Address 7501 CITRUS AVE # 1297  
City-State-Zip: GOLDENROD FL 32792

Title MERCHANDISE DIRECTOR  
Name STOJIC, ASHANA  
Address 7501 CITRUS AVENUE #1297  
City-State-Zip: GOLDENROD FL 32733

Title EQUIPMENT DIRECTOR  
Name STOJIC, MATT  
Address 7501 CITRUS AVENUE #1297  
City-State-Zip: GOLDENROD FL 32733

Title CONCESSIONS DIRECTOR  
Name FOWLER, BRUCE  
Address 7501 CITRUS AVENUE #1297  
City-State-Zip: GOLDENROD FL 32733

Title CHEER DIRECTOR  
Name HAYNES, CAITLYN  
Address 7501 CITRUS AVENUE #1297  
City-State-Zip: GOLDENROD FL 32733

Title FUNDRAISING DIRECTOR  
Name RANDOLPH, BETHANIE  
Address 7501 CITRUS AVENUE #1297  
City-State-Zip: GOLDENROD FL 32733