

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702878 (0)
1. Corporation Name
POP WARNER MIDGET FOOTBALL ASSOCIATION OF CHARLO
TTE COUNTY, INC.



Principal Place of Business Mailing Address
POST OFFICE BOX 944 POST OFFICE BOX 944
PUNTA GORDA FL 33951-0944 PUNTA GORDA FL 33951-0944

3. Date Incorporated or Qualified 09/11/1961 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 21 P.O. Box 944 Suite, Apt. #, etc. 22 City & State 23 Punta Gorda, FL Zip 24 33950 Country 25 USA	2a. Mailing Address 26 P.O. Box 944 Suite, Apt. #, etc. 27 City & State 28 Punta Gorda, FL Zip 29 33950 Country 30 USA	4. FEI Number 52-1656210 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

JONES, PAUL S.
18486 BRIGGS CIRCLE
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name Jack Kendall
82 Street Address (P.O. Box Number is Not Acceptable)
2112 Kendis St.
83
84 City Port Charlotte FL 85 Zip Code 33948

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE *Jack Kendall* 3/20/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, PAUL S. 18486 BRIGGS CIRCLE PT. CHARLOTTE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Jack Kendall 2112 Kendis St Port Charlotte, FL 33948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FUTCH, TROY 25535 AYSEN DRIVE PORT CHARLOTTE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD Chris Stephenson 208 Mallory Ave Port Charlotte, FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, BELINDA 18438 BRIGGS CIRCLE PORT CHARLOTTE FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S Cindy Lowe 26195 Airport Road Punta Gorda, FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTGOMERY, BRENDA 27459 SENATOR DRIVE PUNTA GORDA FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T Mary M. Day 134 Tompkins St. Pt Charlotte, FL 33954 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500001822335 -05/15/96--01048--017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Jack Kendall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 (941) 766-9234
Date Daytime Phone #

CR2E037 (12/95)