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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702878** (0)

1. Corporation Name

POP WARNER MIDGET FOOTBALL ASSOCIATION OF CHARLOTTE COUNTY, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 944
PUNTA GORDA FL 33951-0944

POST OFFICE BOX 944
PUNTA GORDA FL 33951-0944



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 P.O. Box 944		26 P.O. Box 944		09/11/1961		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Punta Gorda, FL		28 Punta Gorda, FL		52-1656210		Not Applicable	
24 33951		25 USA		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 USA		27 USA		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28 USA		29 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
30 USA		31 USA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

KENDAY, JACK
2112 KIENDIS ST
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name	Paul S. Jones
82 Street Address (P.O. Box Number is Not Acceptable)	18486 Briggs Circle
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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	KENDALL, JACK	1.2 NAME	Jones, Paul S.
STREET ADDRESS	2112 KIENDIS STREET	1.3 STREET ADDRESS	18486 Briggs Circle
CITY - ST - ZIP	PORT CHARLOTTE FL	1.4 CITY - ST - ZIP	Port Charlotte, FL 33948
TITLE	VPD	2.1 TITLE	
NAME	STEPHENSON, CHRIS	2.2 NAME	
STREET ADDRESS	208 MALLORY AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	SD
NAME	LOWE, CINDY	3.2 NAME	Reager, Marcia
STREET ADDRESS	26185 AIRPORT RD.	3.3 STREET ADDRESS	6030 Rummford St
CITY - ST - ZIP	PUNTA GORDA FL 33950	3.4 CITY - ST - ZIP	Punta Gorda, FL 33950
TITLE	TD	4.1 TITLE	
NAME	DAN, MARY M	4.2 NAME	Dan, Mary M.
STREET ADDRESS	134 TOMPKINS ST	4.3 STREET ADDRESS	134 Tompkins St
CITY - ST - ZIP	PORT CHARLOTTE FL	4.4 CITY - ST - ZIP	Port Charlotte, FL 33954
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 9416297022

Date

Daytime Phone # 0057871

CR2E037 (9/96)