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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702878

1. Corporation Name

**POP WARNER MIDGET FOOTBALL ASSOCIATION OF CHARLO
TTE COUNTY, INC.**

Principal Place of Business

P.O. BOX 510944
PUNTA GORDA FL 33951-0944
US

Mailing Address

P.O. BOX 510944
PUNTA GORDA FL 33951-0944
US



2. Principal Place of Business

21 P.O. Box 510944

2a. Mailing Address

26 PO Box 510944

3. Date Incorporated or Qualified

09/11/1961

4. FEI Number

52-1656210

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

City & State

23 Punta Gorda FL

City & State

28 Punta Gorda FL

Zip Country

24 33951-0944 25 US

Zip Country

29 33951-0944 30 US

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 Chris Stephenson

82 Street Address (P.O. Box Number is Not Acceptable)

23212 McQueen Ave

83

84 City Port Charlotte FL

85 Zip Code 33986

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

Sandra Zeeman Sandra Zeeman Treasurer

2/5/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JONES, PAUL S
STREET ADDRESS 18486 BRIGGS CIRCLE
CITY-ST-ZIP PT CHARLOTTE FL 33948

☒ DELETE

TITLE VPD
NAME STEPHENSON, CHRIS
STREET ADDRESS 23212 MC QUEEN AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33980

☒ DELETE

TITLE SD
NAME JONES, BELINDA
STREET ADDRESS 18486 BRIGGS CIR
CITY-ST-ZIP PORT CHARLOTTE FL 33948

☒ DELETE

TITLE TD
NAME ZEEMAN, SANDRA
STREET ADDRESS 27330 SUNSET DR
CITY-ST-ZIP PUNTA GORDA FL 33955

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Chris Stephenson
1.3 STREET ADDRESS 23212 McQueen Ave
1.4 CITY-ST-ZIP Port Charlotte, FL 33980

☒ Change ☐ Addition

2.1 TITLE VPD
2.2 NAME BONNIE GAMBLE
2.3 STREET ADDRESS 27342 Deep Creek Blvd
2.4 CITY-ST-ZIP Punta Gorda Fla 33983

☒ Change ☐ Addition

3.1 TITLE SD
3.2 NAME ELLEN CHILDERS
3.3 STREET ADDRESS 1897 Hillman Ave
3.4 CITY-ST-ZIP Punta Gorda, FL 33902

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99 941-693-6563 ext 310

Date

Daytime Phone #

CR2E037 (11/98)