


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90039 011 ****70.00

DOCUMENT # 702878 1. Entity Name POP WARNER MIDGET FOOTBALL ASSOCIATION OF CHARLOTTE 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1656210	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIRKPATRICK, JEFF 431 BURLAND STREET PUNTA GORDA, FL 33950			Name STACEY M GRIMES Street Address (P.O. Box Number is Not Acceptable) 700 DALTON BLVD City PORT CHARLOTTE FL Zip Code 33952		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Stacey M Grimes</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/30/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GAMBLE, RONNIE <input checked="" type="checkbox"/> Delete 27842 DEEP CREEK BLVD PUNTA GORDA, FL 33983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gamble, Ronnie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27842 Deep Creek Blvd Punta Gorda, FL 33983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRKPATRICK, JEFF <input checked="" type="checkbox"/> Delete 431 BURLAND STREET PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Stropp, Scott <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Burland Street Punta Gorda, Florida 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STACEY, DIONNE <input type="checkbox"/> Delete 313 E. GRACE STREET PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sands, Cheryl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Englewood, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEGG, MARY BETH <input checked="" type="checkbox"/> Delete 30204 RED PINE ROAD PUNTA GORDA, FL 33982		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sands, Cheryl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Englewood, FL 34287	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Stacey M Grimes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/30/06</u> DAYTIME PHONE # <u>9418151963</u>		