
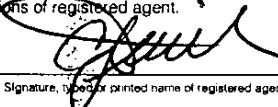
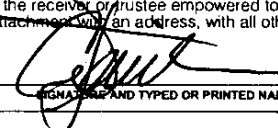


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90217 033 ****61.25

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # 724773 1. Entity Name ENGLEWOOD AREA ATHLETIC ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 6765 SAN CASA DR. ENGLEWOOD, FL 34224 | | | Mailing Address PO BOX 2008 ENGLEWOOD, FL 34295-2008 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2500612 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RILEY, KRISTINE M 11433 CLAGGETT AVENUE PORT CHARLOTTE, FL 33981 | | | 7. Name and Address of New Registered Agent Name Christopher J. Deichman Street Address (P.O. Box Number is Not Acceptable) 62 Long Meadow Court City Rotonda FL Zip Code 33947 | | |
| 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  | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | D COLEMAN, WANDA 135 MARK TWAIN LANE ROTONDA WEST, FL 33947 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Deichman, Christopher J. 62 Long Meadow Court Rotonda, FL 33947 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CONNOR, ALTHEA 6326 GRANGER RD PORT CHARLOTTE, FL 33981 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Pringle, Bonnie 140 Spaniards Road Cape Haze, FL 33946 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEWIS, DEBBIE 12383 QUINLAN AVE PORT CHARLOTTE, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Connaghan, Jim 10295 Waterford Avenue Englewood, FL 34224 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUSSELL, CHELLY 1911 NEPTUNE DR ENGLEWOOD, FL 34223 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Nicol, Kim 7052 Hawksbury Street Englewood, FL 34224 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLASPILLE, WAYNE 6326 CONISTON ST PORT CHARLOTTE, FL 33981 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Mosher, Heather 140 Broadway Terrace Englewood, FL 34223 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NELSON, DAVE 3297 SHERMAN STREET ENGLEWOOD, FL 34224 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Pickett, Travis 11124 Jacqueline Avenue Englewood, FL 34224 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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:  | | | | | |
| Christopher J. Deichman 4/23/07 941-697-8172 | | | | | |
| Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone # | | | | | |

ATTACHMENT

40086992

**Englewood Area Athletic Assoc., Inc.
Pop Warner Little Scholars**

Document #724773

List of Directors

D
Peitz, Rick
11639 Claremont Drive
Englewood, FL 33981

D
Riley, Kristine M.
11433 Claggett Avenue
Port Charlotte, FL 33981

D
Lydic, Scott
7278 San Casa Drive
Englewood, FL 34224

D
Wise, Kelly
11127 Jacqueline Avenue
Englewood, FL 34224