## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 734262**

GREATER JACKSONVILLE POP WARNER FOOTBALL CONFERE NCE, INC.

Principal Place of Business	•
851 N. MARKET ST.	
INCKSONVILLE EL 32202,2745	į

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

851 N. MARKET ST. JACKSONVILLE FL 32202-2742

## **FILED** Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90146 041 \*\*\*\*61.25



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

11/05/1975

59-2943927

4. FEI Number

Zip	Country	Zip	_	Country		1	ampaign Financing	11	5.00 N	- 1
4	25	29	30				Contribution		Added to	Fees
	9. Name and Address of Current R			10. Name and	Address of New R	egistered Agen	<u>t</u>			
				81	Name					
VEH V IC	NUM W			82	Street Addre	ess (P.O. Box Nu	mber is Not Accepta	ble)		
KELLY, JOHN W. 851 N. MARKET ST.					Oli dal Addin	303 (7 . 0 . 0 . 7 . 0 . 0 . 0				
				83						
JAUNGUN	VILLE FL 32202					<del></del>	<u> </u>	125	Zip Co	
				84	City			FL 85	Zip Ci	oue !
office or r	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such chan	oe was author	rized by '	the corporatio	oration submits the	is statement for the ctors. I hereby accep	purpose of chang t the appointmen	jing its r it as reg	egistered istered
SIGNATURE										
	Signature, typed or printed name of registered agent are		(NOTE: Regis	<u>-</u> -	signature required		CHANGES TO OFF	DATE	ECTOF	S IN 12
12.	OFFICERS AND			13.	<del></del>	ADDITIONS	OCHANGES TO OFF		Change	Addition
TITLE	VP	חח	ELETE	1,1 TITLE				LJ.	Alange	
NAME	SUBER, JIM			1.2 NAME						
STREET ADDRESS	12846 WANDA LANE			1.3 STREET	ADDRESS					,
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST	-ZIP				<u></u>	☐ Addition
TITLE	S	□ D	ELETE	2.1 TITLE				П	Change	Addition
NAME	ANDERSON, DON		l	2.2 NAME						
STREET ADDRESS	14045 LALUNA CIRCLE NORTH			2.3 STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-S	T- ZIP					
TITLE	TD	□ D	ELETE	3.1 TITLE				Ü	Change	☐ Addition
NAME	TATUM, MICHAEL J.			3.2 NAME	}					
STREET ADDRESS	11510 HOBART BV			3.3 STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			3.4. CITY-S	T-ZIP					
TITLE	PD	D	ELETE	4.1 TITLE					Change	Addition
NAME	CONNORS, DENNIS			4, 2 NAME						1
STREET ADDRESS	6847 TANGO LN. N.		l	4.3 STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-S	r-ZIP					
TITLE	D	D	ELETE	5.1 TITLE					Change	Addition
NAME	KELLY, JOHN W.			5.2 NAME						
STREET ADDRESS	851 N. MARKET ST.		I	5.3 STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		Į	5.4 CITY-S	r-ZIP					
TITLE	WICHWEITE I	□ D	ELETE	6.1 TTLE	1		<u>-</u>		Change	☐ Addition
NAME				6.2 NAME	ļ					
STREET ADDRESS				6.3 STREET	ADORESS					
CITY-ST-7IP				6.4 CITY-S						
14. I hereby	certify that the information supplied with	this filing does not	qualify for the	exempti	on stated in S	Section 119.07(3)	(i), Florida Statutes.	further certify th	at the in	formation

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.

Applied For

\$8.75 Additional

Fee Required

Not Applicable