

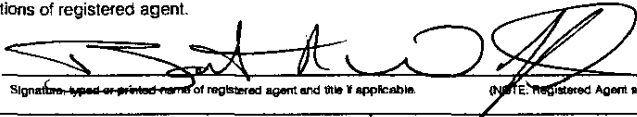


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90029 048 \*\*\*\*61.25

<b>DOCUMENT # 734262</b>					
1. Entity Name <b>GREATER JACKSONVILLE POP WARNER FOOTBALL CONFERENCE, INC.</b>					
Principal Place of Business <b>851 N. MARKET ST. JACKSONVILLE, FL 32202-2742</b>			Mailing Address <b>851 N. MARKET ST. JACKSONVILLE, FL 32202-2742</b>		
2. Principal Place of Business		3. Mailing Address		 01152004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2943927</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KELLY, JOHN W. 851 N. MARKET ST. JACKSONVILLE, FL 32202				Name <b>Bart A. Wofford</b> Street Address (P.O. Box Number is Not Acceptable)  <b>851 N. MARKET ST.</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32202</b>	
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 				DATE <b>02-13-04</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUBER, JIM			NAME	
STREET ADDRESS	12846 WANDA LANE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, CAROLYN			NAME	
STREET ADDRESS	8353 EARL CIRCLE WEST			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATUM, MICHAEL J.			NAME	
STREET ADDRESS	13147 LANIER ROAD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNORS, DENNIS			NAME	
STREET ADDRESS	6847 TANGO LN. N.			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JOHN W.			NAME	<b>Wofford, Bart A</b>
STREET ADDRESS	851 N. MARKET ST.			STREET ADDRESS	<b>851 N Market St.</b>
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 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.					

*John W. Kelly*

**2-26-04**