

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90073 010 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                    |                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                                                              |  |
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| <b>DOCUMENT # 755224</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                    |                                                                                                                               |                                                                                                                                                                                                                           |                                                                                             |  |
| <b>1. Entity Name</b><br><b>GREATER MIAMI POP WARNER LEAGUE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                    |                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                                                              |  |
| <b>Principal Place of Business</b><br><b>15810 SW 147TH AVENUE</b><br><b>MIAMI, FL 33187 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                    |                                                                                                                               | <b>Mailing Address</b><br><b>8700 SW 159 ST</b><br><b>MIAMI, FL 33157 US</b>                                                                                                                                              |                                                                                                                                                                              |  |
| <b>2. Principal Place of Business</b><br><b>6600 NW 27 Ave.</b><br>Suite, Apt. #, etc.<br><b>109</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                    | <b>3. Mailing Address</b><br><b>6600 NW 27 Ave.</b><br>Suite, Apt. #, etc.<br><b>109</b>                                      |                                                                                                                                                                                                                           |                                                                                                                                                                              |  |
| City & State<br><b>Miami, Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                    | City & State<br><b>Miami, Florida</b>                                                                                         |                                                                                                                                                                                                                           | <b>4. FEI Number</b><br><b>59-2777084</b>                                                                                                                                    |  |
| Zip<br><b>33147</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                    | Country<br><b>US</b>                                                                                                          |                                                                                                                                                                                                                           | Zip<br><b>33147</b>                                                                                                                                                          |  |
| Country<br><b>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                    | Country<br><b>US</b>                                                                                                          |                                                                                                                                                                                                                           | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                       |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>PETERSON, MARK L</b><br><b>15810 SW 147TH AVENUE</b><br><b>MIAMI, FL 33187</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                    |                                                                                                                               | <b>7. Name and Address of New Registered Agent</b><br>Name <b>Art Hall</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6600 NW 27 Ave. Suite 109</b><br>City <b>Miami</b> <b>FL</b> Zip Code <b>33147</b> |                                                                                                                                                                              |  |
| <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.</b><br><div style="text-align: center; margin-top: 10px;"> <b>Art Hall President 3-5-05</b> </div>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                    |                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                                                              |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                    |                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                                                              |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                           | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                           |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                    |                                                                                                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                              |                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>P</b><br><b>HALL, ART</b> <input type="checkbox"/> Delete<br><b>6600 NW 27 AVE #101</b><br><b>MIAMI, FL 33147</b>               |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VP</b> <input checked="" type="checkbox"/> Delete<br><b>GOWIN, FRANK</b><br><b>8700 NW 159 STREET</b><br><b>MIAMI, FL 33157</b> |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>S</b> <input type="checkbox"/> Delete<br><b>BROWN, CHARLES</b><br><b>17211 N.W. 47 CT.</b><br><b>MIAMI, FL 33055</b>            |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                            | <b>VP</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>T</b> <input type="checkbox"/> Delete<br><b>OLIVE, DAN</b><br><b>6525 S.W. 110 AVE.</b><br><b>MIAMI, FL 33173</b>               |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                    |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                            | <b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Moss, Clarence</b><br><b>11420 SW 196 Street</b><br><b>Miami, Florida 33157</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                    |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                            | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Zeigler, Charity</b><br><b>22642 SW 113 Place</b><br><b>Miami, Florida 33170</b> |  |
| <b>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.</b> |                                                                                                                                    |                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                                                              |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                    | <b>Art Hall President 3-5-05 305-986-5576</b>                                                                                 |                                                                                                                                                                                                                           |                                                                                                                                                                              |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                    | <small>Date Daytime Phone #</small>                                                                                           |                                                                                                                                                                                                                           |                                                                                                                                                                              |  |