


FILED
Jul 14, 2008 8:00 am
Secretary of State

[REDACTED]

DOCUMENT # N02000007039 1. Entity Name PEACE RIVER POP WARNER CONFERENCE INC.				Secretary of State 07-14-2008 90031 035 ****61.25	
Principal Place of Business 18486 BRIGGS CIRCLE PT CHARLOTTE, FL 33948		Mailing Address 18486 BRIGGS CIRCLE PT CHARLOTTE, FL 33948			
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 65-0423472 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JONES, PAUL 18486 BRIGGS CIRCLE PT CHARLOTTE, FL 33948		7. Name and Address of New Registered Agent Name Belinda Jones Street Address (P.O. Box Number is Not Acceptable) 18486 Briggs Circle City Port Charlotte FL Zip Code 33948			
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 Belinda Jones DATE 7-8-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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	PD JONES, PAUL 18486 BRIGGS CIRCLE PT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Belinda Jones 18486 Briggs Circle Port Charlotte, FL 33948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, RODNEY 1238 SW 4TH AVE PORT CHARLOTTE, FL 33981 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Mike Elg 4144 NE 9th Avenue Cape Coral, FL 33909 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RILEY, KRISTINE M 11433 CLAGGETT AVENUE PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, BELINDA 18486 BRIGGS CR. PT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Spirit Director Kelly Wilson 2636 NW 26th Avenue Cape Coral, FL 33993 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY, ELIZABETH 3407 NW 21ST TERRACE CAPE CORAL, FL 33993 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Tammi Schweitzer 20521 Pine Tree Lane Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 Kristine M. Riley, Treas. Kristine M. Riley, Treas 7-9-08 941-628-2815 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					