2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002219

1. Entity Name
WEST PASCO POP WARNER YOUTH FOOTBALL & CHEERLEADING INC

Principal Place of Business	Mailing Address
6615 GRAPHIC DR PORT RICHEY, FL 34668	6615 GRAPHIC DR PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

05172006 No Chg-NP CR2E037 (4/06)

4. FEI Number
16-1657998
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, GEORGE E
4716 GRANDVIEW AVE
NEW PORT RICHEY, FL 34652

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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 September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUNCAN, GEORGE
STREET ADDRESS	4716 GRANDVIEW AVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VP
NAME	BOYLE, NEIL
STREET ADDRESS	2221 RANCHSIDE TERRACE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	T
NAME	BRUCE, STEVE
STREET ADDRESS	7916 ROYAL STEWART
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	S
NAME	DUNCAN, NERMINE
STREET ADDRESS	4716 GRANDVIEW AVENUE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/22/06-80012-001 61.25

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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: _____ 5-16-06 727-297-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #