2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N05000005635

1. Entity Name

THE VILLAGES POP WARNER FOOTBALL LEAGUE INCORPORATED

Principal Place of Business

1210 CLEVELAND AVE WILDWOOD, FL 34785 Mailing Address

3511 WEDGEWOOD LANE #127 THE VILLAGES, FL 32162

FILED Aug 08, 2008 08:00 AM Secretary of State



08042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 20-2935932

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TATMAN, RICHARD L 10520 SE 42ND TERRACE BELLEVIEW, FL 34420

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 Ruld & Zat					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE					
Filing Fee is \$61.25 Due by September 12, 2008 9. Election Campaign Finance Trust Fund Contribution.			, _□	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	Р				
NAME	HOLTON, BRIAN				
STREET ADDRESS	CR 103	i			
City-st-zip	OXFORD, FL 34484				
TITLE	С				
NAME	MUNZ, STEVE				U00000957311
STREET ADDRESS	12834 CR 101	,			000000957311 08/08/08-80003-014 61.25
CITY-ST-ZIP	OXFORD, FL 34484				
TITLE	VP				
NAME	DELLINGER, CHUCK	l l			
STREET ADDRESS	3509 CR 230C			DO	NOT WRITE
CITY-ST-ZIP	OXFORD, FL 34785			DO	NOI WALLE
TITLE	s	1		IN '	THIS SPACE
NAME	MUNZ, DEBBIE			11.4	IIIIO OI AOL
STREET ADDRESS	12834 CR 101				
CITY-ST-ZIP	OXFORD, FL 34484				
TITLE	т	1			
NAME	TATMAN, RICHARD	i			
STREET ADDRESS	10520 SE42ND TERRACE				
CITY-ST-ZIP	BELLEVIEW, FL 34420				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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.					

NG OFFICER OR DIRECTOR