2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006480

Address: City-St-Zip:

Entity Name: IMMOKALEE SEMINOLES POP WARNER INC.

FILED May 14, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:			
P. O. BOX 961 IMOKALEE, FL 34143		1110 JEFFERSON AVE W. IMOKALEE, FL 34142			
Current Ma	ailing Address:	New Mailing Address:			
P. O. BOX 961 IMOKALEE, FL 34143		1110 JEFFERSON AVE W. IMOKALEE, FL 34142			
FEI Number: 20-3099370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:			
GONZALEZ, DANIEL 1109 W. JEFFERSON AVE. IMMOKALEE, FL 34142 US		GALLEGOES, LAMAR 929 ARTHUR STREET IMMOKALEE, FL 34142 US			
The above in the State	named entity submits this statement for the purpose o of Florida.	f changing it	s registered of	fice or registered agent, or both,	
SIGNATURE: ROSALINDA BETANCOURT			05/14/2009		
	Electronic Signature of Registered Agent			Date	
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () Delete GONZALEZ, DANIEL 1109 W. JEFFERSON AVE IMMOKALEE, FL 34142	Title: Name: Address: City-St-Zip:	P (X) GALLEGOES, L 929 ARTHUR ST IMMOKALEE, FI	REET	
Title: Name: Address: City-St-Zip:	VP () Delete FREEMAN, ERNEST 201 DELAWARE AVE E. IMMOKALEE, FL 34142	Title: Name: Address: City-St-Zip:	S (X) ROWE, WILLIAI 1806 LEED AVE IMMOKALEE, FI		
Title: Name: Address: City-St-Zip:	S () Delete GONZALEZ, SANDRA 1109 W. JEFFERSON AVE IMMOKALEE, FL 34142	Title: Name: Address: City-St-Zip:	CC (X) GONZALEZ, SA 1109 W. JEFFE IMMOKALEE, FI	RSON AVE	
Title: Name: Address: City-St-Zip:	T () Delete BETANCOURT, ROSALINDA 1110 JEFFERSON AVE W. IMMOKALEE, FL 34142	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name:	() Delete	Title: Name:	AD () BETANCOURT,	Change (X) Addition HOMER	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROSALINDA BETANOCURT T 05/14/2009

1110 JEFFERSON AVE W.

IMMOKALEE, FL 34142