## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # N05000007784  1. Entity Name SOUTH LAKE POP WARNER EAGLES, INC.						04-30-2007 90863 050 ****61.25				
Principal Place 18234 GREA GROVELAND, 1814Lp	T BLUE HERON DRIVE FL 34736 US	Mailing Address POST OFFICE BOX 482 GROVELAND, FL 34736 US			60046025 -					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03282007	03282007 Chg-NP CR2E037 (12/06)				
City & State		City & State			4. FEI Number 20-32662	221		-	plied For Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Addition Fee Required			tional		
	6. Name and Address of Current	Registered Agent	· I	· -	7. Name and A	ddress of New R				
ONUTIL DI				Name						
SMITH, PHILLIP S ESQUIRE 1000 WEST MAIN STREET LEESBURG, FL 34748				Street Address (P.O. Box Number is Not Acceptable)						
	-,		-	City				Zip Code	<u> </u>	
			•	·						
the obligat	named entity submits this statement flons of registered agent.  Multiple of the control of the c	he			pistered agent, or both,	in the State of Fig	/ /	27	and accept	
Filing Fee is \$61.25  Due by May 1, 2007  9. Election Campaig Trust Fund Contri					\$5.00 May Be Added to Fees		ake check pa ida Departme			
10.	OFFICERS AND D	IRECTORS	11,		ADDITIONS/CHAN	IGES TO OFFICE	RS AND DIREC	ORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MCEWEN, TERRY 18234 GREAT BLUE HERON D GROVELAND, FL 34736	☐ Delete			8146 Great	Blue Her	•	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MCGREGOR, LYNN 5447 MARY'S VILLA ROAD GROVELAND, FL 34736	☐ Delete		T ADDRESS ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR DESROSIER, HERB 18327 DELLS COVE ROAD GROVELAND, FL 34736	Delete	1	T ADDRESS (	Bir Waters Grave I Jermont, F	Ralph Dri	ive 1	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR NUNN, JEAN 9316 PINE ISLAND ROAD CLERMONT, FL 34711	☐ Delete			· · · · · · · · · · · · · · · · · · ·			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<b>I</b>				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<b>I</b>				Change	Addition	
12. I hereby of indicated	certify that the information supplied will on this report or supplemental report	th this filing does not qualify for	the exer	mptions conta	ained in Chapter 119, F	Florida Statutes. I	further certify the	at the in	formation or director	

indicated on this report of 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 appowered.