

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012146

FILED
Apr 29, 2009
Secretary of State

Entity Name: HAGERTY POP WARNER YOUTH FOOTBALL, INC.

Current Principal Place of Business:

3850 HAMMONDS FERRY CT
OVIEDO, FL 32766

New Principal Place of Business:

Current Mailing Address:

3850 HAMMONDS FERRY CT
OVIEDO, FL 32766

New Mailing Address:

FEI Number: 20-3975030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SICILIANO, VINCENZO
3850 HAMMONDS FERRY CT
OVIEDO, FL 32766 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: SICILLANO, VINCENZO
Address: 3850 HAMMONDS FERRY CT
City-St-Zip: OVIEDO, FL 32766

Title: DS () Delete
Name: BRITTON, REGINA P
Address: 1041 CALIFORNIA CREEK DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: DP () Delete
Name: GARCIA, DAN
Address: 640 RED PEPPER LOOP
City-St-Zip: CHULUOTA, FL 32766

Title: DT () Delete
Name: CECIL, DAN
Address: 1675 CARILLON PARK DR
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: FARRELL, AVA
Address: 1927 TURNBERRY DR
City-St-Zip: OVIEDO, FL 32766

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: HIDDE, BRENT
Address: 3656 HEIRLOOM ROSE PL
City-St-Zip: OVIEDO, FL 32766

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.

SIGNATURE: BRENT HIDDE

DT

04/29/2009

Electronic Signature of Signing Officer or Director

Date