


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90773 018 ****70.00

DOCUMENT # N10704 1. Entity Name ST. AUGUSTINE "POP WARNER" TROJANS, INC.					
Principal Place of Business P.O. BOX 4127 ST AUGUSTINE, FL 32085-4127			Mailing Address P.O. BOX 4127 ST AUGUSTINE, FL 32085-4127		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1656289	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WUELLNER, EDWARD R 360-J NORTH BLVD SAINT AUGUSTINE, FL 32095				7. Name and Address of New Registered Agent Name <u>Georgette McHone</u> Street Address (P.O. Box Number is Not Acceptable) <u>4925 Porter Rd.</u> City <u>St. Augustine</u> FL Zip Code <u>32095</u>	
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 <u>Georgette McHone - Treasurer - Agent</u> 4/30/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITFIELD, CHIP 2964 GREEN ACRES RD SAINT AUGUSTINE, FL 32095	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jody Bertke 4571 SR16 St. Augustine, FL 32092	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEFORE, TRACY 2412 KACIE LANE SAINT AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John Peters 705 Bahia Drive St. Augustine, FL 32086	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDADE, LYNN 5425 ST. AMBOSE RD. SAINT AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kim Ferrell 5860 Pine Creek Drive St. Augustine, FL 32092	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ACKERMAN, KELLY 340 PONCE HARBOR DRIVE SAINT AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Georgette McHone 4925 Porter Rd. St. Augustine, FL 32095	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURMOND, CARL 173 MARSH ISLAND CIRCLE SAINT AUGUSTINE, FL 32095	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Ferrell 5860 Pine Creek Drive St. Augustine, FL 32092	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, DAWN 1637 MASTERS DR. SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Georgette McHone</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/30/04</u> Daytime Phone # <u>904-669-8159</u>		

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