

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90432 026 ****61.25

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

40074010



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04262005

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-1656289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCHONE, GEORGETTE
4925 PORTER RD.
SAINT AUGUSTINE, FL 32095

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BERTKE, JODY
STREET ADDRESS 4571 SR 16
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

TITLE V ☒ Delete
NAME PETERS, JOHN
STREET ADDRESS 705 BAHIA DR.
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE SD ☐ Delete
NAME FERRELL, KIM
STREET ADDRESS 5860 PINE CREEK DR.
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

TITLE TD ☐ Delete
NAME MCHONE, GEORGETTE
STREET ADDRESS 4925 PORTER RD.
CITY-ST-ZIP SAINT AUGUSTINE, FL 32095

TITLE D ☐ Delete
NAME FERRELL, DAVID
STREET ADDRESS 5860 PINE CREEK DR.
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

TITLE D ☒ Delete
NAME BENNETT, DAWN
STREET ADDRESS 1637 MASTERS DR.
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition
NAME Arnett Wilson
STREET ADDRESS 5860 Pine Creek Dr.
CITY-ST-ZIP Saint Augustine, FL 32092

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME Bertke, Karen
STREET ADDRESS 4571 SR 16
CITY-ST-ZIP Saint Augustine, FL 32092

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05 904-669-8037