

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10704

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: ST. AUGUSTINE "POP WARNER" TROJANS, INC.

## Current Principal Place of Business:

5860 PINE CR DR  
ST AUGUSTINE, FL 320924127

## New Principal Place of Business:

5860 PINE CR DR  
ST AUGUSTINE, FL 32092

## Current Mailing Address:

P.O. BOX 4127  
ST AUGUSTINE, FL 320854127

## New Mailing Address:

P.O. BOX 4127  
ST AUGUSTINE, FL 32085

FEI Number: 59-1656289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FERRELL, KIM  
5860 PINE CK DR  
SAINT AUGUSTINE, FL 32092 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: P ( ) Delete  
Name: WHITFIELD, CHIP  
Address: P.O. BOX 4127  
City-St-Zip: SAINT AUGUSTINE, FL 320854127

Title: V ( ) Delete  
Name: MINCEY, CEDRIC  
Address: P.O. BOX 4127  
City-St-Zip: SAINT AUGUSTINE, FL 320854127

Title: SD ( ) Delete  
Name: FERRELL, KIM  
Address: 5860 PINE CREEK DR.  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: T ( ) Delete  
Name: JENNIFER, APOSTOLOU  
Address: 1052 DEER CHASE DR  
City-St-Zip: SAINT AUGUSTINE, FL 320864127

Title: D ( ) Delete  
Name: FERRELL, DAVID  
Address: 5860 PINE CREEK DR.  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: KIRBY, DAWN  
Address: P.O. BOX 4127  
City-St-Zip: SAINT AUGUSTINE, FL 320854127

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition  
Name: WILSON, ARNETT  
Address: P.O. BOX 4127  
City-St-Zip: SAINT AUGUSTINE, FL 320854127

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

Title: T (X) Change ( ) Addition  
Name: DOBBS, JOANNE  
Address: 848 TIDES END DR  
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

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

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: JOANNE DOBBS

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date