


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N14768
 1. Entity Name
 TIMUCUA POP WARNER FOOTBALL CONFERENCE, INC.



Principal Place of Business 6046 E. ONEIDA ST. INVERNESS, FL 34450 US	Mailing Address 6046 E. ONEIDA ST. INVERNESS, FL 34450 US
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DO NOT WRITE IN THIS SPACE



07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 11-0602442	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BENDER, SCOTT
 6046 E. ONIEDA STREET
 INVERNESS, FL 34452

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUNTER, DAVID RT. 3 BOX 1558-1 LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TREADWAY, DENNIS 6139 W. PINE CIRCLE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOULD, KEVIN 15803 NW 120TH PLACE ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENDER, SCOTT 6046 E. ONEIDA STREET INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SMITH, DENISE 3515 N BROOKSHIRE PT CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/07/05-80001-007 61.25

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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: Scott Bender **6/30/05** **352-637-2777**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #