

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90025 007 ****61.25

DOCUMENT # N22949

1. Entity Name
PANHANDLE SOCCER REFEREES ASSOCIATION, INC.



Principal Place of Business
C/O LARRY POPE
1916 COPLEY DRIVE
PENSACOLA, FL 32503 US

Mailing Address
PO BOX 10487
PENSACOLA, FL 32524 US

50058844



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05232005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3032728

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPE, LARRY
1916 COPLEY DRIVE
PENSACOLA, FL 32503

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 September 7, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME POPE, LARRY
STREET ADDRESS 1916 COPLEY DRIVE
CITY-ST-ZIP PENSACOLA, FL 323508

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

TITLE VD ☐ Delete
NAME BAGGS, JOHN
STREET ADDRESS 6817 GREENWELL STREET
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE ☒ Change ☐ Addition
NAME FOUTS, TIMOTHY
STREET ADDRESS 5084 ROLAND ROAD
CITY-ST-ZIP PACE, FL 32571

TITLE SD ☐ Delete
NAME WALTER, MICHAEL
STREET ADDRESS 2383 WINDSTONE DRIVE
CITY-ST-ZIP PENSACOLA, FL 32526

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

TITLE TD ☐ Delete
NAME MCAULIFFE, ROBERT
STREET ADDRESS 7 CAMELIA STREET
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE ☒ Change ☐ Addition
NAME WYATT, MIKE
STREET ADDRESS 1182 GRAND POINT DR
CITY-ST-ZIP GULF BREEZE, FL 32564

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-05

850-469-3856

Date

Daytime Phone #