

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

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

**1916 COPLEY DR
PENSACOLA, FL 32503 US**



04022008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**POPE, LARRY
1916 COPLEY DRIVE
PENSACOLA, FL 32503**

**DO NOT WRITE
IN THIS SPACE**

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 restate.)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000883959
04/17/08 00024 010 01.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD POPE, LARRY 1916 COPLEY DRIVE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KNEUSS, DEREK 3530 TYLER AVE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WALTER, MICHAEL 2393 WINDSTONE DRIVE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WYATT, MIKE 1404 SOUND FOREST DR GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

LARRY POPE

4-2-08

Date

850-982-2954

Daytime Phone #